KNIFE AND LIFE IN INDIA

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A RIVER NEAR KOTTAYAM (CENTRAL TRAVANCORE)

In some parts of Travancore everyone goes about in boats, as there are no roads at all, but plenty of rivers and canals. The coconut palms grow best in this sort of country.

KNIFE AND LIFE IN INDIA

Being the Story of a Surgical Missionary at Neyyoor, Travancore

BY

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CONTENTS

CONTENTS

ILLUSTRATIONS

(from photographs)

MAP

PLAN

CHAPTER I

EASTWARD HO!

"I WANT you to try to love the Indian people."

"I'm afraid I disagree. If I *try* to love anyone, I shall probably end by hating them. If I love them naturally, then that's all right. But you can't try to love people. You either love them or you don't. Yet somehow I think I *shall* love them. I hope so."

"Well, have it your own way, but I shall pray that you may be led to love them."

The first speaker was Frank Lenwood, at that time—1922—Foreign Secretary of the London Missionary Society. The second speaker was myself. I had just decided to become a medical missionary in India, and Lenwood was visiting me in my lodgings in London, putting me, as the reader can see, through my paces before I went out as a fellow-worker in his department of the Society. Alas! that only twelve years later he was killed on a mountain in the Alps. For he was one of the best of men, one of the keenest, one of the most truly Christian in his personal life and in the way he conducted his household. All the same, I disagree with him still about that conversation. Even now I think my point of view was the right one—for me, at any rate.

I went to India a few months later, and there I never *tried* to love the Indians; that is why I love them now. I tried to understand them, and I hoped to make many of them my friends; and now I think some of my best friends are Indians. Occasionally I still find myself trying to understand them. Perhaps there are

some things about them that I never shall understand. And I am sure there are things in me that they will never quite size up aright. After all, we often find it pretty hard to understand one another, don't we? There are members of my own family whom I have given up trying to understand long ago; I expect there are plenty of them who fail to understand me. But it doesn't worry me tremendously. Perhaps we were never really meant to understand one another. But we can love, and serve. And if I can be a servant of India—a loving servant—that is enough. That is all I want to be while India holds me in her fascinating and trusting grasp.

In 1923, then, I set sail to be a medical missionary in India. I had one very great advantage over most people who make a similar journey—I had been there before. I had already gone to India during the previous year to take part in the second of the expeditions to Mount Everest, and it was while travelling around the country after that expedition that I had discovered the need of India for just that sort of service which it seemed I was best qualified to give her—the service of surgery. In fact, it was due to a ten-days' sojourn at Neyyoor itself in 1922 that I had decided to spend the best part of my life at that very place, where the need seemed to be so great, and the supply seemed so hopelessly inadequate.

Unlike most missionaries who are sailing to a far country to take up their work there, I knew by first-hand experience the sort of job I was going to do, the sort of house I would live in, and the sort of people who would be my colleagues and my patients. In this I was very fortunate in many ways; on the other hand, I was about as unlike a pioneer missionary such as Schweitzer as it is possible to be. He went to start work from the word "go," to build a hospital where nothing had existed before, and to develop a work

which had never even been started until he started it himself. I went, on the contrary, as one of a long succession of doctors, to a hospital that had been established for over eighty years, to join hands with colleagues whom I had met and with whom I had already worked for a few days at least. I stepped into a long-existing gap, occupied a bungalow eighty years old, began to operate in a theatre which had been built many years before, and to look after patients in a well-conducted hospital which now, as I write, has been in existence in some form or another for a hundred years. Far be it from me to hint that my humble efforts could be compared with those of a great missionary like Schweitzer; but it is rather amusing that Schweitzer, professor, musician, scholar, becomes a pioneer and subdues the jungle, while I, a casual adventurer, came out to do much the same kind of work as a London surgeon. Such is life.

The Neyyoor Hospital, at which I arrived in 1923, was already a place with a history. I was to work there under one of the pleasantest and most efficient of men, Dr. Pugh, and we were both successors to a long line of medical missionaries and their loyal Indian colleagues.

The South Travancore Medical Mission, of which Neyyoor is the head station, is one of the oldest medical missions in India, and for many years was the largest in the world, as far as the number of its patients is concerned. It may be so still; but numbers are not everything, though I confess to a feeling of something akin to pride in the fact that Neyyoor and its branches have in their hundred years of existence dealt with more than 10 million patients.

On the journey out to India I had met, on board ship, an engineer who was going to some job in Central India. Any self-righteousness as a would-be missionary that I may have felt (I hope there wasn't any) was

dispersed by the frankness of this man's criticism.

"You medical missionaries, you think you're a lot of blinking philanthropists, and rather despise the more pious sort of preaching missionary. But you're the worst of the lot. You are setting out to fight against Nature. Nature wants the unfit to die, and you go and save them. You're populating the world with unemployables, you doctors; you have lowered the death-rate goodness knows how much, and 90 per cent. of the increase of population you have caused is unemployable and ought to have died. The other 10 per cent. ought to have died, too, but may be able to do somebody out of a job. No—you doctor people are all wrong. You ought to stop being a doctor to-morrow and become something useful." Thus he mused, and set me thinking. He is too complimentary in his estimate of the capacity we doctors have of curing people. After all, Nature, "against" whom we are working, does most of our cures for us. Would this fellow have us leave the cripples crippled, and those who are in pain—are they to be left unrelieved, that Nature may have her way? Of course he is wrong in many things, but he is right in one. He hit on one very great truth—that in an over-populated world it is much more important to save from pain than from death. We doctors do save life whenever we can—and nobody knows better than we do that we sometimes prolong it unduly, in cases of incurable disease. But since this conversation on board ship, I have felt that the important thing to do is to save from *pain*, crippling, disability, to make people healthy and painless and able-bodied who would otherwise be disabled or suffering. The lives we actually save—they may sometimes be on the debit side of the account, and I feel I have done a better day's work when I have saved two people from agony than when I have saved three or four from death (or imagine I have

done so). Between this chap and some very pious missionaries who severely criticised my smoking and dancing on board ship, I arrived in India a chastened young man. It was all very good for me, and I started life in Neyyoor having shattered several illusions about myself that I might otherwise have had.

CHAPTER II

WHY BE A MISSIONARY?

ALTHOUGH I have been rash enough already to write a book which is in some measure an autobiography, yet I feel that before we begin work together at Neyyoor and meet the problems of human suffering and of missionary work in India, it is only right to set down some of the considerations that filled my mind when I started on the job which has since become my life-work.

I remember that sixteen years ago it was with many misgivings that I set out to be a missionary. First of all, though I knew I could do a lot for the Indian people in the way of relieving their pain and saving their lives, I felt very acutely the materialism of the West and of its methods of life, and England seemed to me to be a queer place for missionaries to come from.

India is an agricultural country, a land of villages and of simple life. Except in the big towns, most of them centres of European civilisation and many of them developed largely by European managers of industry, India is remarkably free from industrialisation. Where the West has moulded the life of India, the moulding has in many cases been to the detriment of the country as a whole. Industrial centres like Bombay have become teeming hives of ill-housed workers, teeming, not only with overcrowded humanity, but with the evils which industrial conditions so often bring with them. Taking it broad and large, it seemed, and still seems to me, that the impact of the West on the East, though it has brought with it justice,

impartiality, reliability, honesty and straight dealing in matters of government, has brought more evil than good, and that the simpler conditions of village life are better, happier and more in keeping with the genius of India than city life can ever be.

Was I to be part of the scheme of anglicising India, associating myself with that Britain whose relationship with India for 200 years was that of a burglar to his victim? What right had I, a descendant of those burglars, who had lined their purses to the tune of tens of millions, fleeced and squeezed the Indian trader, and were even now crowning it all with the evil of industrialising him—what right had I to assume a position of benefactor to the land of Buddha, Tagore and Gandhi?

Yet I knew that what I had to offer India in my humble way was of rich benefit. For civilisation, though bad on the whole, has certain wonderful things associated with it.

The science which a few years before had been devoted, as it is now, to the perfection of methods of torture and destruction, had also developed the ability to lessen pain, to control or even stamp out disease, to mitigate famine, and to train the Indian to do these things for himself. Thus even on this physical plane, the particular gifts I had to offer were the better end of science, that part of it which makes for content and happiness.

But I felt, too, that, although to many Indians the idea of civilisation is associated with Christianity, because such evils as war and industrialism have originated in recent years in the so-called Christian countries, yet Christianity had less than nothing to do with their inception. It was indeed unfortunate that the "Christian" West, which 300 years ago had sent out the East India Company, was concerned also with the welter of slaughter of 1914–18, and that "Christian"

England had been the chief exploiter of the Indian factory hand. But I know, as we all know, that Christianity was not merely not to blame for these things, but was the only real escape from them, and the only satisfactory solution of the world-wide problem of misery. It is simply in so far as the West is *not* Christian that she has exploited and destroyed. There was nothing that Christ inveighed against more bitterly than the exploitation of man by man. Where Christ is, there is love; and it is only where He is not, or where He is neglected and misunderstood, that these evils can flourish. I felt it a duty and a privilege to try to show to India, by working in a small but crowded corner of that great country, the one power which alone can give true peace to individuals and to nations, the one means by which conscience can be aroused to condemn social evils and to try to get rid of them. I had two priceless gifts to offer to India—surgery and Christ. I had already seen a little of the effects of ignorance and superstitions on the sufferings caused by injury and disease. I had the means of alleviating and curing by humane and scientific methods. But more than all that, I had a vision—a dim and imperfect vision, as all our imaginings must be until we see "face to face" —of some of the things Christ could do for India. Could I in some small way show something of the love of God, and inspire others to do the same? At any rate I could try; and humbled by the evils that the West has so often wrought upon the East, I might be able to strike a balance and give to India some little service in the name of Christ to make her happier and better. After all, the West has got some good things to offer. Those already mentioned, such as justice, impartial administration, tolerance, efficiency—all these have developed in Britain as a result of the impregnation of her national life with the morality of Christ; and such good (there is a great deal of it) as Britain has brought

to India is in reality the Christian part of our civilisation.

The modern missionary slogan, as discussed, and actually taken as a hypothesis, in *Rethinking Missions*, that we missionaries are going to distant lands "to join with our brothers there in trying to find God" leaves me cold. However desirable it may be to join with other people in their search for the Divine, I fear I am too ordinary and selfish a person to sail across the seas in order to join someone else in a quest for what seems, under this hypothesis, as if it is very probably unattainable.

No—emphatically no—it is because in looking at Christ I had myself seen God that I was willing to change the whole course of my life that I might share this experience with those whose religions deny it to them.

I care little for the dogmatism that wants to tell others to *believe* in a Divine Christ. Surely it is better far to say to them, "Look at Christ. Get to know Him. Never mind who men say He is—but make Him your friend and read His short biographies that we call the Gospels over and over. And one day you will find as you look at Him that you are looking at God Himself. One day you will realise that His companionship is the Presence of God, and His love is the biggest thing in the world—for God is Love." The divinity of Christ should not be a dogma, but an experience.

While deprecating, and suspicious of, a dogmatic theology, I was equally at variance with those who would mix religions. Nobody will deny that there are wonderful thoughts and holy aspirations in some of the Hindu writings. Who can fail to see the majesty of the one God and of the equality of man in Islam? All the great religions have had their saints, their devoted seekers after God. But how many of these seekers have found Him? How many of the devotees possess the peace which passeth all understanding? They may be

sincere, and have a true longing for God; but they can only imagine Him in the light of their own traditions. Rama, Krishna, the demigods of Hindu mythology and the avatars or "incarnations" of Vishnu colour the picture for them. Though they see, perhaps clearly, some of the attributes of the Divine Majesty and some glimpses of the Divine Love, can they ever get the full realisation of God which those obtain who look on the face of Jesus and follow the steps where He has trod? The Indian sages are many of them far better men than I; they may see all of God that their background allows them to see. Yet without Him who is the Way, the Truth and the Life, I maintain that they can never fully find God and be found of Him. High-souled, devoted men they may be. Weak and sinful by comparison I may seem, but at any rate *I know the Way*. I come to India a sinner, full of imperfections, full of failures and weaknesses—but I know the Way, and I have seen. I am constantly straying off the way, and going my own path. I have my unsatisfied longings, and I have to bring daily to God my own exceeding need. But I have seen His exceeding love; I have looked on Jesus and there I have seen God. That is my message to the East—or to anyone else; not that I *believe* that Jesus is Divine: I have *seen* that He is divine. I may use the metaphors and idioms of the religions of India to explain things; I may urge that some of their customs be not altered if they wish to alter their religion; I may even make use of the fine Hindu stories of Rama and Sita, of Savitri and Sakuntala, in explaining to them my own religion. But there is no place for Christ in the Hindu Pantheon. He cannot be one of many; He demands undivided allegiance or none at all. I rejoice that there are many Hindus who reverence and admire Jesus Christ while retaining their ancient faith and its observances; and I wish there were thousands more of them. But Christ calls for more than admiration or

even than reverence—if He enters the heart, it is as supreme King. He enters on no other terms. In preaching our religion, that must be made clear, I feel sure. We have to try to infect any and everybody with the desire to follow Jesus, and with reverence for Him. But when they begin to follow, they will find it is along a path which may lead away from all other deities or demigods or heroes—the straight and narrow way that brings us to the city of God.

Here, then, I was committed to two great charges—to bring to the East my Friend and Master, Christ, and to bring, too, those gifts of healing which Western science had put into my hand.

It has always seemed unfortunate to me that for so many people there exists an imagined antagonism between science and religion. Such an antagonism has never seemed to me to exist, although the assumption of it is actually responsible for many atheistic writings, and for that useless religion called Humanism which is becoming so popular to-day. It is my business, thank God, not to fight science with my religion, but to use science as the chief means of its propagation. And quite rational, too. Science is limited to the investigation of the material world and its behaviour as far as such is predictable. Yes, limited. By its very nature science is limited, and must be limited. It has been described as "a net to catch certain fish and to let other fish through."[1] There is at present a vast range of phenomena which science cannot describe, and which it is at least possible she will never be able to describe. A few questions of behaviour are being brought under the sway of the science of psychology, but apart from these science simply does not attempt to describe or explain spiritual or Divine things. Some day a ray like the cosmic rays may be found to throw light on character or to analyse beauty or goodness. But that is unlikely;

[1] D. S. Cairns, *The Riddle of the World.*

the values of life, the things of the spirit, the question of immortality and of Deity are simply not part of science's concern at the present time—they are the fish that escape the net. Science, however wonderful the things she has done, is in the words of my friend, Professor Collingwood, "not knowledge."[1] There are forms of "science," largely conjectural, which deal with the things of the spirit, and these we usually call "religion" or "theology." But valid judgment in these matters is not "scientific" in its nature; rather it is a question of personal experience. The material kind of science, when divorced from God or from spiritual values, has led the world to the brink of self-annihilation, and has evolved the pessimistic religion of Humanism. That is apparently the best it can do in the world of religion! Its text is "to-morrow we die," to which some people have very reasonably added, "Let us eat and drink."

There is surely only one way by which the world can be saved—by the science of the soul; by the principles of Christ who alone has seen clearly, serenely, searchingly, the way to bring men to God and to enable men to make the best of themselves.

This way is not antagonistic to science—it simply fills in the biggest of the gaps which science has left out. So far from being antagonistic, it is possible—in fact, it is now my daily task—to use science itself as the chief way in which the way of Christ can be interpreted to men. By using the results of the labours of those who for centuries have been engaged in medical and surgical research, it is the privilege of the medical missionary to introduce to his patients in the most practical way possible the love of God as it has been revealed by the life of Christ.

[1] "The critical movement of the last half century . . . is an attempt to show not that knowledge in general is impossible, but that science is not knowledge." R. G. Collingwood, *Speculum Mentis*.

With this double task in view—double, yet really one only—the task of using surgery for Christ, I set out for India in 1923, and within three weeks was at work in the hospital at Neyyoor in Travancore.

CHAPTER III

A HUNDRED YEARS

THE year is 1838—over 100 years ago. The place is Neyyoor, even then a large village with a very big weekly market in the extreme south of India, only twenty miles from Cape Comorin, the southern extremity of the whole country. The man's name is Archibald Ramsay, and he has just landed with his wife at Quilon, in Travancore, and finished a laborious journey of eighty miles by punt and bullock *bandy*, to join a certain Dr. Miller who conducted a seminary for lads in Neyyoor.

One day he had a brain-wave.

"Here I am," thought he, "a missionary in this thickly populated place, where disease is rampant and the people are the victims of superstition and maltreatment. Here I am, telling people about Jesus Christ and trying to save them from the evils associated with animism and idolatry. But am I really going about it in the right way? I spend my time preaching away, often at a crowd who sit there for hours without really listening. That's all very well; I've got something good to tell them, and I have a Friend to introduce to them—but is it enough simply to tell them?

"Jesus preached—but He did such a lot of other things besides; He was continually healing people, and He told us that we should love our neighbours.

"Can I go on being a missionary, and do nothing to relieve all this suffering and sickness? No, I must do as Christ did Himself, and I must give these poor folk a helping hand with their disease and pain."

Perhaps he talked thus to himself; perhaps, as was the fashion in those days, he said something more like this: "These poor souls are going to Hell, and I have the knowledge that alone can save them. But they won't come and listen. How can I attract them? I know what—I'll start doing medical work, and they will come for the medicine and get the gospel as well."

Which way it was we cannot now tell; but in any case, Ramsay started in 1838 the South Travancore Medical Mission at Neyyoor. At first it was only a small medicine chest, which we still have as a reminder of those days so long ago. As people came to hear him preach, Ramsay gave them medicines for their diseases. And if they came for medicine for the body, no doubt he administered also some comfort for the soul. Medical missionary work in South India had begun, with the vision of a far-seeing servant of God and a little chest of household remedies.

Ramsay was just building up a reputation for skill and kindliness in the treatment of disease when his partner, Dr. Miller, decided to move his school to the larger town of Nagercoil, ten miles away. Ramsay, of course, had to move there as well, and soon established the medical work in this new place, where he built a shed leaning up against his bungalow, and used it as a waiting-room for his patients. This went on for a few years, until Ramsay himself was offered another medical job by the Government, and retired from the Mission to take it.

The medical work was re-started in Neyyoor once again by Dr. Leitch, who began to build a good-sized hospital. The building was completed, and the opening day arranged, when a tragedy occurred. Dr. Leitch while bathing in the sea, not far from Neyyoor, was drowned on the very day before the opening ceremony.

Dr. John Lowe, surgeon and padre, came along in 1861, and in the following year published the first

Annual Report of the South Travancore Medical Mission, which shows that a good beginning had been made, although the scale of the work seems amusingly small in comparison with what we do in a year nowadays. Here is an extract of this report for 1862:

Patients: 2,629 in the year (now we deal with nearly 200,000).
Operations: Tumours 11 (in 1937, 500).
Other major operations, wounds, fractures, etc.; 134 (now we do 3,000 or so).
Minor operations: 338 (nowadays over 10,000).

The annual cost of the Medical Mission was exactly £100; that is to say, about 1 per cent. of what it costs to-day. They seem, however, to have obtained good value for their money in treatment and relief of suffering.

Soon a medical school was started, and six students were trained at Neyyoor, in preparation for the establishment of six branch hospitals. This was done in 1868, all the branches being within fifteen miles of Neyyoor itself.

In 1878 the Government of Travancore gave an old salt store to be turned into a hospital at Kulasegaram, a large village in the middle of the most malarious district in this part of India. The Government were about to construct in this region an immense dam, in order to form a lake in which to store water for the irrigation during the long dry season of a large part of South Travancore. Thousands of men were to be employed, and the Medical Mission were asked to be ready with the inevitable casualties that would be associated with a work like this in such an unhealthy district. Our hospital there is still running.

About the same time Dr. T. S. Thomson, who had succeeded the Rev. John Lowe, found that the central

hospital in Neyyoor was getting inadequate for the needs of its patients, and planned a new building. For this only Rs.200 (£15) was available as the cash in hand. An appeal was made to the Maharaja of Travancore, who, with true royal generosity, himself supplied the funds necessary for the new buildings. Here is a paragraph from the Medical Mission's report for 1875.

"At that time we felt the great necessity—mentioned in former reports—of increased accommodation. Having made this a subject of earnest prayer, we began to build with only Rs.200 in hand, believing that the Lord would hear our prayer and supply our wants. The work was not delayed, for God who is ever the hearer and answerer of prayer, fulfilled to us the promise concerning His Church, Isaiah lx. 10, 'Kings shall minister unto thee.' His Highness the Maharaja of Travancore, having been asked to head our Building Fund Subscription List, enquired what the estimate would be, and generously undertook to defray the whole expense, amounting to Rs.1,200; at the same time desiring the Dewan to write expressing his satisfaction with the good done by the Medical Mission, and wishing us all success. We now take the opportunity of again most sincerely thanking His Highness the Maharaja for his benevolent act."

During the decade 1900–10 the Medical Mission spread northwards, and branches were established in Attingal, the most important town between Trivandrum and Quilon; also in Kazhakootam and Kundara. These three branches are among our most useful, and deal at the present time with a far greater number of patients every year than were treated by the whole Medical Mission at the beginning of this century.

The old missionaries continually had ambitions to extend the work. The further afield they went, the

greater the need and the suffering they found. Thus during the last thirty years of last century more and ever more country hospitals and dispensaries were opened up, until there were over twenty branches staffed and supervised from the Medical Centre at Neyyoor.

Throughout all these years the medical school at Neyyoor was continued and developed, and produced several generations of medical evangelists.

One of these told me recently that when he joined the Medical School he "didn't believe bacteriology." He thought the bacilli and other organisms that he saw under the microscope were "put there by the European doctor in order to provide an excuse for Western medicine." It was only later, while doing his surgical training in Neyyoor Hospital, that he found that boiling instruments and killing the organisms, and sterilising the skin of the patient with iodine, enabled a wound to be made which healed up easily without going septic and suppurating. Only then did he realise that so-called "Western" medicine was founded on scientific fact and was not a mere hoax and quackery practised on long-suffering patients by the deceitful missionaries! This training of Indian medical men was thus an important part of the work of education in which the Christian Church has been engaged in Travancore during the last century or so.

A long succession of medical missionaries were responsible for these developments, among others being Dr. Davidson, whose son is with us now, and Dr. Bentall, whose daughter returned to Neyyoor as the wife of Dr. Orr in 1927.

Just before Dr. Davidson retired, Dr. Pugh came out and steered the course of the Medical Mission single-handed until I joined him in 1923, eleven years later.

Pugh developed the work of the Mission, and

especially of Neyyoor, to a greater extent than any of his predecessors had done. The medical evangelists, who worked for a pittance of Rs.12 or Rs.14 a month, were raised to grades which enabled them to be paid salaries up to six times that amount. The standard of living of all members of the staff is immensely better than it was before Dr. Pugh came. The type of person who applies for training as a nurse or orderly in Neyyoor is far superior to what it was thirty years ago. Nursing, once a disgraceful and low-caste profession, is gradually getting to be honoured and trusted, and we have applications now from large numbers of well-educated girls and boys, if a single vacancy occurs in our staff. But these great advances made by Dr. Pugh could only be attained at a cost, and the hospital budget has gone up from Rs.13,000 in 1906 to Rs.130,000 in 1938.

This necessitates charging patients for operations and consultations, a principle introduced by Pugh into the Medical Mission, which the financial conditions have forced us to keep ever since. Much as we should like to treat all our patients free of charge, we could only do so if we gave them thoroughly inferior treatment and bad and inadequate nursing. To keep up our standard, which is the highest we can give with the skill and funds at our disposal, we have to charge for it, and we consider it is no charity to give free treatment to those who can well afford to pay, especially if by so doing we would of necessity deprive the poor of any attention at all.

Thus it is that from small beginnings—Dr. Ramsay with a medicine chest—has emerged a system of hospitals which was a few years ago, and perhaps is still, the largest medical mission in the world, dealing with over 200,000 visits of patients in the year, and doing as many operations as one of the big hospitals in London. The standard of our surgical work is

continually keeping abreast of the times, and we hope it will always be able to do that. In some things Neyyoor has actually set the pace for the whole of India and been ahead of all other hospitals in the country.

Dr. Thomson in the 'seventies was treating malaria by the intravenous injection of quinine; Dr. Pugh was the first surgeon in India to realise that the dyspepsia that is so common in South India and Ceylon is due to duodenal ulcer. This disease in a village community cannot be satisfactorily treated except by surgical operation; and Pugh was the first surgeon in India to operate for it.

At Neyyoor were put up the first buildings in all India to be specially designed for radium treatment. But though we have in our history, and in our pioneers, men and facts to be proud of, we must ever realise—as I hope we do—that "all these things without love are of nothing worth." Our aim is to cure disease and relieve pain—and to do so in the spirit of humble, loving service, as did Jesus Himself centuries ago. That all patients, rich or poor, high or low in caste or station, light or dark in the colour of their skins, should receive the best treatment we can give them in the kindest way in which we can give it—that is the object of Neyyoor Hospital and its branches.

It was into this succession of doctors, and as a colleague of Pugh, that I stepped in 1923. Although I had had a fortnight's experience of the work during the previous year, I really had no idea what I was in for. The very first thing we found was that the need of the patients was so great, that whereas Pugh, working full time, was able to fill his Hospital of eighty beds and keep them full, two of us, both working full time, simply dealt with twice the number of patients and required double the accommodation. The hospital began to look woefully insufficient, and if at that time you had

entered one of our wards, you would have found the beds all full (on top), and an extra patient *under* each one, as well as a few between the beds. The verandas too were full, as they often are to this day. This simply meant that before I had been a month in Neyyoor, I had to become an architect.

We had at the time a very bad arrangement by which the women's wards were on the roadside in the front of the Hospital, in a very public place, quite unsuited to India, where most women are segregated. The result was that many of the better classes of women patients would not come into Neyyoor Hospital at all. For years Pugh had wanted to remedy this by building a separate hospital for women, into which men would not be allowed to go. The fact that I had brought out with me an X-ray plant, together with the necessity for increased accommodation, gave us at once an urgent reason for building the women's hospital, and we started this soon after my arrival in Neyyoor. The X-ray room and a large medical ward were on the ground floor, the former opening outwards into the men's compound, the latter into the women's. Above these were two wards for midwifery and surgery respectively. To the south-west were to be three wards with six or eight beds each: two for septic cases, and one to act as an isolation ward. Ten thousand rupees towards the cost of these buildings was given to us by Mrs. Parker's Embroidery Industry at Trivandrum. It was great fun getting all the buildings up. We were rather amateur architects—we forgot to put any bath-rooms in the main block, and a sort of fortress-like building had to be added later containing these indispensable adjuncts to a hospital. Two rows of kitchens and a maternity room completed the fifty-bed women's hospital, the total cost of which was about Rs.20,000 —almost exactly £1,500 for the building and equipment of a hospital for fifty beds. In England they would

get a three- or four-bed nursing home for that amount. In building we do get good value for money in India. We are just about to put up a new maternity department at Neyyoor, and expect it to cost about £300, for a theatre and wards to take fourteen beds.

Mrs. Parker herself opened the new women's hospital, and Neyyoor was at last able to attract almost any class of Indian women, certain Mohammedans being the only ones who even up to the present will not come away from their harems. We allow men to come in at visiting hours—twelve to two every day—but otherwise they are kept out, except in the case of the husband or father of a woman who is desperately ill or dying.

After the completion of this block of buildings, our former women's wards became men's abdominal wards, and some 300 or 400 gastric cases every year are treated in them. The continued growth of the work at Neyyoor is well shown by the fact that although these wards, together containing seventeen beds, used to contain seventeen patients, in January, 1939, including a full veranda, there were forty-six patients, all gastric cases, in these two wards. As I write these lines, there are fifty-one. The other half of the front block is appropriately enough the casualty ward, where accidents and general cases are admitted. I had managed an X-ray plant during the War in France, and this experience stood me in good stead in setting up our X-ray machine and working it, until Harlow, our Business Manager, took it on after getting special training at home. We have now trained an Indian, Josiah, to do this, and as a matter of fact he now takes considerably better photographs than either Harlow or myself.

Dr. Pugh was an inspiring fellow-worker. Rather slow by nature, he was extremely thorough, and a very good companion for a distinctly slapdash person like myself. I learned from him to take pains and to be

content with nothing less than one's considered judgment about every case. Pugh had no use for hasty decisions. He was a man of sterling character. He used to rave sometimes about the deplorable state of the Indian Church with regard to righteousness. "When will they realise that Christianity is not magic, but doing right and living right?" Often I have heard him say that. The cheapjack gospel of salvation by intellectual belief, with no idea of practising Christian ethics, moved him intensely. In his own life he was, if anyone ever was, a really good man. The righteousness he demanded of others he certainly demanded of himself. He was a delicate man, often having wakeful nights and gastric upsets, and very often getting up in the morning more tired than he went to bed. But in spite of all this he strove manfully to do his very best for every case.

In 1924 I went off to Everest, and was away from Neyyoor for five months, leaving Pugh to it once again. But in August of that year I came back, and once more we worked in double harness, aided by Miss Hacker, an exceedingly capable nurse who spoke Tamil like a Tamilian (having been born in Neyyoor), and who had me "completely taped," which was very good for me. Alas! that she got married so soon. Neyyoor has never been quite the same without her.

In 1925 I did the best thing I ever did, and got married to a girl who is not only charming and delightful, and much loved by my parents, but also one of the most steadfast Christians I have ever met. She had previously wished to be a missionary, but was turned down on grounds of health from service in the tropics, and was preparing to go to China. Although she is not so supremely fit in this tropical climate as I am, she has really had very little illness here, and has been, all through, a tremendous help to me in my work, joining me in trying to keep up to the scratch in spiritual

standards, and herself being an ideal mother to the Orphanage, the children in which are devoted to her.

She has given me three boys, of whom I hope one at least will be my successor in Neyyoor. The eldest of them devours the Neyyoor annual report, and knows all the statistics of operations and such things far better than I do myself. It would be great if he, or any of them, came here for their life-work.

In 1926 my wife and I went for a Himalayan holiday in the region of Nanda Devi with Mr. and Mrs. Ruttledge and Colonel (now General) R. C. Wilson. It was a grand holiday, slightly spoilt by a severe attack of jaundice on my part. I was knocked out for some days of trekking, and my wife buckled to, pitched tents, carried the rucksack, and, generally speaking, showed the stuff she was made of. On returning to Neyyoor I found that Pugh had already left for his furlough; but imagine my dismay when a few months later he intimated that he did not intend to come back. After less than three years at the Medical Mission, I suddenly found that all the responsibility was on my inadequate and entirely unworthy shoulders. It was a bitter blow. I always loathed responsibility, and I felt totally unprepared to manage so large a show as the South Travancore Medical Mission. Still, it had to be done. The genial old writer, Sandrothya, was a tower of strength, for he knew where everything went in the books and ledgers and such things. As far as medical matters were concerned I was very lucky in getting hold of one Dudley Marks, an F.R.C.S. of St. Thomas's Hospital, whom my friend Webb Peploe of Dohnavur asked to come and help me. He is an extremely capable, very quiet man of excessive modesty; he went down very well with the Indian patients. Although it is the almost universal Indian custom to prefer the advice of the senior man to the junior, the "great" doctor to the "small" one, yet very many of them came to Neyyoor

to see him rather than me. It pays to be modest in many ways, and the self-effacing Marks inspired great confidence, partly because he really was quite a good surgeon, in part simply because he was self-effacing. His efficiency is shown by one characteristic incident. During his stay four of our mission students came down from their medical school, having failed in their final examination. Six months of systematic teaching by Marks, not averaging more than an hour or so each day, got every one of them through the examination at their next attempt. He very nearly stayed on as a permanent member of our staff, but unfortunately his father died just as he was about to decide to do so, and he had to fix up a job in England, to our great regret. About half-way through Marks' two years' sojourn, I received another tremendously good piece of news. I was no longer to be responsible for that horrible office work. Harlow, Business Manager of our L.M.S. Hospital in Hong Kong, had been diverted to be Business Manager here. I suppose I ought to have taken this as a crushing insult. My year or so of business management had evidently been such a howling success that the L.M.S. were prepared to take a man away from the job he was doing, in order to save Neyyoor from impending financial disaster! Fortunately, in matters where I know myself to be inefficient I have no pride, and I swallowed the insult and welcomed Harlow with open arms. After his struggles with the Tamil language were over, he relieved me of all the ledgers and day-books, and produced order out of the dispensary's chaos, turning it gradually into an efficient factory of first-rate drugs, which it remains to this day.

A few months before Marks' retirement, Ian Orr from Glasgow came to join us. His wife was the daughter of Dr. Bentall, one of our predecessors in the Medical Mission, and they came to live in the house where she had been born. Orr turned out to be a first-class surgeon,

and as surgery is also my side of the profession, as it had been Pugh's, Neyyoor continued to be almost entirely a surgical hospital. In many ways this was a good thing, for our branch hospitals can deal with medical cases, but not with major surgery, and the surgical cases from them therefore tend to drift towards Neyyoor. Orr and I worked together for nine years, and between us did a colossal amount of surgical work. Orr was keen on research, and has the enquiring type of brain which makes the good investigator. While at Neyyoor he did two extremely thorough and useful pieces of research, fitting them in somehow with his very busy life and his hospital work. He investigated the problem of cancer of the mouth in Travancore, and he discovered it to be due to the tobacco which is chewed with the betel nut, certain kinds of tobacco being much more apt to produce cancer than other varieties. A year or two later he investigated the problem of duodenal ulcer in conjunction with myself—though it was he who did by far the greater part of the research work—and we came to the conclusion that vitamin A deficiency is the most essential factor in its production in Travancore. Ian Orr also perfected the operation for transplantation of the ureter, his results being, as far as I can make out, superior to any others that have been recorded. So it was a sad loss to the surgical side of the Mission when he left in January, 1937, to take up work at Miraj Medical School, and, a year later, to join a firm of doctors at home. Nor was it only a loss to the surgical side, as he was a first-rate missionary and a good friend.

When I first went to Neyyoor I found that the drugs were being bought from agents and not manufacturers, and thus a great deal of money was being wasted. Marks was helpful in saving many hundreds of rupees in the year by careful arrangement of drug orders, but soon after Harlow, as Business Manager, had arrived, very

real economies were effected in our drugs. We started manufacturing a great many medicines, making tablets, tooth-paste and heaps of other things, and selling drugs to hospitals other than our own, both mission hospitals and hospitals on tea and rubber estates. By all these methods Harlow has saved us some Rs.15,000 every year, besides doing most of the office work and taking a great deal of other responsibility off my shoulders, including the X-rays, as has already been mentioned.

All the year round there is an amazing variety of cases at Neyyoor. Not for us medical missionaries the privilege the surgeons have at home of sending eye cases to the eye department, women to the women's side or medical cases to the physicians. I very soon found when I came to Neyyoor that I was the eye department, the women's doctor and the physician, as well as being a surgeon, an ear specialist and an authority on skin diseases! I fear I am still sadly ignorant about several of these departments, but we now, as I write, have a much more well-balanced staff than we used to have.

During the last two years, and since the disappearance of Dr. Orr, a whole-time physician in the shape of J. R. Davidson, M.D., whose father was in Neyyoor thirty years ago as medical missionary, and a lady doctor (Miss Joan Thompson) have arrived. Now things are straightened out. A medical case goes to Davidson, as does a "skin." Women and children go to Miss Thompson. Eyes and ears I still have to take on, but I am once again a surgeon. This division of work enables it all to be done very much more efficiently than was the case when, in the days of Pugh, Marks, Orr and I, all of whom were surgeons, we dabbled in these other subjects but could not really feel we were giving of our best when dealing with them. If a mission hospital has three European doctors on its staff, the ideal distribution is that one should be a physician, one a surgeon

and one a gynæcologist. That is the staff we now have at Neyyoor, and it is an arrangement that is very happy and peaceful. Long may it continue.

As for one's "out of school" life, so to speak, there is unfortunately very little of it. It is, in fact, almost impossible to get a holiday, even for a few hours, except by going actually away from Neyyoor. While in the place, patients or their relations, or a boy who wants a job, or someone who is just paying a call, are almost certain to be in attendance on the doorstep or the veranda.

We live in a beautiful country, and occasionally, at times such as Saturday or Sunday evenings, my family and I are able to get away for a picnic and a bathe at Muttam by the sea, where is the southern-most lighthouse in India; or I may do a sketch if I feel pictorially inclined. But these are rare occasions—I would they happened more often, as they used to do before we were so overworked in the Hospital. The only real spare time one gets nowadays is in the evening after dinner. Then my wife and I usually get the gramophone going—our tastes in music are fairly much alike, and tend towards Brahms and Bach and away from Wagner; we both enjoy the Russians, though my wife has not yet quite cottoned on to Stravinski. But we unite in homage to Tschaikowski and Borodin. Brahms is the man, though, for both of us. You can order a record of Brahms without hearing it first, and he never lets you down. Other composers have their weak patches, as had Cesar Franck and Rimsky-Korsakov. But Brahms is hardly ever below the first class, and his music lasts while others fade and grow stale. We have worn out all Brahms' symphonies, and are now on our second batch of records of them; likewise of his Double Concerto.

Writing this book while my wife is in England, though I am supremely happy in my work, I am conscious of a void which is a really aching one in her long

absence. I hardly like to put too much Brahms on the gramophone—there is something rather sacred in this appeal of his, in such measure, to both of us. I have not very long to wait now before she comes out to me again, I hope for no more separations, that we may be "heirs together of the grace of life," of all the lovely things that music and scenery and good books have put into life to make it such a gracious, delightful thing.

Talking about good books—this almost complete absence of spare time does prevent one from reading more than a mere selection of what one wants to read. Pugh, my predecessor here, used to read medical literature every evening, and for a time I did so, too; but I fear that those days are gone. Much as I feel the need of keeping up-to-date, and much as I like to imagine that I am progressing in knowledge and not getting stale, yet I am sure a little real relaxation from the continuous round of surgery is essential to the soul.

When I am alone here I take no daily paper; I prefer to be undisturbed by rumours of wars, and to rely on the maturer and more comforting words of *Punch* and the *Listener* three weeks later. In fact, it is always more peaceful to live three weeks ago as far as world politics are concerned. *Punch*, of course, is an absolute essential for any missionary. One of the greatest dangers of life is that one may take oneself too seriously, and the ability to see the funny side first and the grave side afterwards is an asset every missionary should try to cultivate. It may lead to the dropping of an occasional brick, but how much pleasanter is the life of a servant of Christ whose outlook is based on the *Punch* mentality than one whose foundations are laid in unreasoning devotion to science or the Church. The *Punch* outlook is part, it seems to me, of the very essential principle of always trying to see the cheerful side in people and things before one sees the grim aspect. So for the good of my soul I read my *Punch* weekly from cover to cover,

and for news a good bite or two out of the *Listener*, and the result is that very often my up-to-dateness in surgery has to take a second place. In fact, one's surgical reading consists chiefly in looking up books on the subject of special cases as they come along, with a good delve from time to time in some of the medical journals, to prevent rustiness from setting in. And the good books have to find their place by the bedside for the Sunday afternoon nap, which I never indulge in literally, but rather literarily.

As far as home life is concerned, there is little of it for the busy missionary—far too little. But the holiday time, with long walks over the hills of Kodaikanal or picnics with sketching, or boating with the children—that's the time when all patients and their ailments are forgotten, and the mind and body are really recreated.

Time goes on, and the boys grow too old for India—six is old enough, and any child who stays past that age in India is in danger of becoming that horrible thing, a little *sahib*. So they go home to school, and the wife is torn between home and the children on the one hand and India and the husband on the other.

That is the stage my family is in at present, a stage full of doubts and longings, plans made and unmade, searchings of heart. Soon the decision will have to be made, as to whether to retire and let the younger folk carry on, making a home for the boys as is their right, and trying to make that home a place where the materialism and greed and selfishness of the present European spirit is shut out, and where joy and love and the Spirit of Christ can reign.

Meantime nobody could have a happier or more worth-while job than I have, and I often feel, rightly or wrongly, that I should like to come out here again in my old age, with one of my sons, perhaps, and work in Neyyoor in a subordinate position on the staff, under an Indian doctor for preference, and so live out my

days in the peaceful land for which I have so great a love, happy in the continual presence of my wife and of part at least of my family.

But that is all in a big mirror hanging up between two superb El Grecos in the hall of a Spanish castle; and things in Spain are not too settled, I fear. So we had better come to earth again and have a look at Travancore, the country where you are going to live for a little time while you read this book.

CHAPTER IV

PLEASANT PLACES

TRAVANCORE is a fertile and beautiful country, with a good annual rainfall, lovely mountains, graceful palm-trees, green rice-fields and a teeming population of attractive people. When I have to travel to other parts of India and see the uninhabited wastes of the Deccan, the arid stony steppes of the Punjab or the crowded houses of some large industrial town, then do I echo the words of the Psalmist, who said, "The lines are fallen to me in pleasant places—yea, I have a goodly heritage."

It is the very pleasantness of the place that creates the need which brings us here. For the fertile land of Travancore supports a very dense population. Although 200 miles from north to south, habitable Travancore is in places only ten miles wide, for the long chain of the Western Ghats extends right down India to within five miles of Cape Comorin, and vast areas of Travancore's terrain are mountain jungles which, when tamed, have been turned into tea and rubber estates, but which for the most part still remain uninhabited except by the primitive and interesting, but very small tribe of the Kanis, or forest people. In this long, narrow strip between the Ghats and the Indian Ocean on the south-western edge of India, a population of some 6 millions is supported by the bountiful rains and the fertile soil, which grows enough for their sustenance, and a little over for export.[1]

Of course there is poverty—dire distressful poverty

[1] Travancore imports large quantities of rice from Burma, but exports copra, coir, rubber, tea, spices and good quality rice, much of the latter going to Burma.

that brings sadness into our thoughts sometimes as we see it and realise it. But on the whole Travancore is not a poor land. Although there are many Travancoreans who are badly nourished by a faulty and ill-balanced diet, yet there are comparatively few who are really starving. Round about Cuddapah in the Deccan, where the L.M.S. has many Mission stations, you can see people who are, in truth, destitute and starving. For miles and miles that district is so bare that one wonders how any people at all manage to live there. But on the average the Travancorean is well-nourished; and though a little while ago I visited a house where the family had nothing to eat that day except a rat, and were apparently going to have nothing at all on the following day, unless they were lucky enough to catch another rat, yet I am thankful to say that this is an exceptional case, and there are not many thousands in Travancore who are in this pitiable condition.

Irrigation has brought fertility to many square miles of the country around Neyyoor, but that fertility has enabled families to grow and survive until at present this district, too, is becoming over-populated, and unemployment is rife once more. The same story is being repeated in many parts of India during the decades which succeeded the establishment of any large work of irrigation. For a time, these irrigation and barrage works bring livelihood, food, even prosperity, to many thousands of people. Fertility and food means a decline in the death-rate and a rapid increase of population. Finally the net result is—as you were.

I always feel this to be an argument for missionary work. The only reform with permanent results is a spiritual reform. Are not those who are attempting to bring that about really doing far more for India than the whole of the Public Works Department? I believe they are.

Taking it "broad and large" there is not a great

deal of really terrible distress in Travancore, though such as there is is continually increasing with the increasing over-population. Unemployment is higher in Travancore than in any other Indian state. But it is the actual number of the people, and the density of their growth, that constitutes the need which has called us to Travancore and which it is our duty and privilege to supply as best we can. There are a large number of doctors in Travancore, far more now than there were when I first came out, not so many years ago. But they are still far too few, and, as in other parts of India, they tend to congregate in the towns, and to leave vast areas of the countryside unaided by medical men. The Government have established a good number of hospitals and dispensaries in these country districts, and we, as well as the Salvation Army, have built many centres of medical aid. Yet so dense is the population that all these institutions are only able to touch the fringe of disease and injury, and there are plenty of places where the people have a good many miles to walk, or to be carried if unable to do so before they reach anyone who is capable of helping them in their need.

Although Travancore has an ancient past, in part shrouded in mystery, but illuminated now and again by definite historical fact, yet for many centuries it was broken up into several parts, each governed by a petty prince or princess, and Travancore proper consisted only of the southern portion of the country, whose ancient capital, Tiruvithancodu, is only three miles from Neyyoor. The residence of the Rajah in those days, Padmanabhapuram, a fortress with a very beautiful palace built within it, is a splendid example of the Malabar style of architecture, with its plain, whitewashed walls surmounted by elaborately carved windows and roofs and the characteristic trellis-work gallery, itself a marvel of intricate carpentry. During

the eighteenth century the state of Travancore annexed and absorbed several of the other states, so that now it is a considerable country, extending from Cape Comorin to Cochin, and all ruled by one Maharaja, whose enlightened family have built up the modern Travancore, now one of the most go-ahead of all the Indian states, as well as being a leader among them in education and development.

The climate of Travancore, although never very hot and seldom above 95°, is not a bracing one, as it is very equable, and the dampness of the sea air, continually blown over the land by the prevailing south-west breeze, keeps the temperature approximately the same by day and night. During the first year or two one thinks, "What a lovely climate; it is never either too hot nor too cold." But as time goes on, one realises the importance to the system of being toned-up by an occasional spell of really cold weather; and there is no doubt that, even if a month be spent at a hill-station every year, the human body finds Travancore a relaxing place. When I first went out I was warned about this. "Oh, you wait till you get Malabar head." "What is that?" "That's what you get when you've lived a bit in these parts. You forget everything; you have no energy to do anything; you just want to let things slide." I trust I have not developed this distressing complaint quite to that extent; but one certainly has got to keep oneself "gingered up," so to speak, in order to prevent the slackness which the enervating climate is wont to call forth after a few years of life in south-west India.

The people of the country, nearly all of them Dravidians—the aborigines of India who were driven southwards by the Aryan invasion, assuming such to have taken place—are easy-going in many ways, as one would expect from the climate. They, like all Indians, are extremely patient. If a family misses a

train by five minutes, the whole lot will camp on the station platform until the same time next day and be perfectly cheerful about it. But (perhaps also owing to the climate) the Travancorean is very quick-tempered, and quarrels here are serious affairs, lasting for years, and often involving whole families in expensive litigation, with appeal after appeal until either the highest court is reached or, more often, the family is so deep in debt that they have to call it quits (if they can get a compromise) or throw in their hand (which is only done if circumstances are really desperate!). No wonder that getting angry is in India considered the most serious of all sins. An Indian doesn't often get angry, but when he does, he may become your enemy for life. We Europeans are short-tempered and impatient to an extent that often makes me thoroughly ashamed of myself, but we have the saving grace that our anger usually is quickly over. We may curse a man soundly, and within five minutes ask him to come and have lunch with us. The Indian probably won't curse his fellow-man so soundly; his patience will stand a good deal; but if he is roused, a quarrel may ensue that lasts for years. Yes, it is a serious sin to get angry in India, and one that I, by nature impatient and rapid in my work, have to guard against with all the power, human and divine, at my command.

The country folk in Travancore live a healthy, agricultural life, punctuated once or twice a week by a good long walk to a market with—if they are lucky —a pretty good load, which they carry on their heads.

This life is conducive to a good physique and a stately, erect carriage, which renders the average countryman a healthy and finely built individual, very different from the skinny coolies and fat *babus* of Bengal, and more like some of the foothill folk in Himalayan regions.

The sedentary town-dweller, especially if he is a

shopkeeper with nothing to do all day long but to sit, eat and sleep by turns, is apt to become fat and lazy and a victim of diabetes, of which sooner or later he dies.

But enough of the people; most of them are courteous, charming folk, devoted to their family and loyal to their caste, altogether delightful with little children, and in most respects a very lovable people. We shall, I hope, meet many of them individually in the course of this book, so we need not say more about them here.

The Government of Travancore, which is, as has already been mentioned, a native state, and therefore in control of its own affairs, is theoretically vested in the person of the Maharaja. His right-hand man is the Dewan, or Prime Minister, who has a great deal of executive power, and who has, practically speaking, the ability to appoint and control the various officers of the State, such as the commissioners of police, excise, taxation, education, public works and so on. The Chief Secretary is the most important of these officials, and if he be a capable man he may have almost as much power as the Dewan, under whose instructions he works. The organisation of the State is therefore in the nature of a bureaucracy, which in an Indian country works on the whole very well. There are two "assemblies," partly elected and partly nominated, called the Sri Chitra State Council and the Sri Mulam Assembly. The first of these is a kind of advisory council, and exercises power not unlike that of the House of Lords in England. It has power to introduce legislation (which must also be passed by the Assembly), and power of veto over the legislation passed by the lower house; it contains only thirty-seven members. The Sri Mulam Assembly, of which the majority (forty-eight out of seventy-three members) are elected, is a very useful machine for registering complaints and bringing things to the notice of the Government, and in addition can initiate and pass legislation, subject

to the veto of the Council. Although this arrangement of legislative chambers represents a great advance towards true representative government in comparison with the old popular assembly, which was largely a place for airing grievances, yet there are many people who consider that the present form of government, with its powerful officers of State who are not elected by any popular vote, is not truly representative.

Recently an agitation has been going on for really representative government, and a strong party in the State, the so-called Travancore State Congress, has made this the chief plank in their platform. Whether the granting of such representative government would really be a blessing to the country or would merely replace one form of oligarchy by another is a matter for theorists to decide. As a missionary, it is no part of my job, nor is it my wish, to take any active part in politics. I am engaged in trying to help individuals in need of medical or surgical aid, and in trying to do so in the spirit of love shown by Jesus Christ in His work of a similar nature. We missionaries are visitors to Travancore, and as such are loyal subjects of His Highness the Maharaja.

Our chief relation to the Government is this, that we attempt to co-operate with their medical services, and not to compete. We try to fill in the gaps by running hospitals in places which need them, and by doing the sort of work in our hospitals which the smaller Government dispensaries and the private practitioners cannot do with the staff and equipment at their disposal. Where there are well-equipped Government hospitals, as at Trivandrum, the capital, Quilon, or some of the larger towns, we do not have Medical Mission institutions. On the whole, the relations between us and the Government Medical Service is a very friendly one; both we and they know that there is plenty of work for both of us to do in Travancore.

CHAPTER V

NEYYOOR HOSPITAL

VISITORS to Neyyoor are seldom impressed by the look of the place. From time to time people come along to see us, folks who have heard of the "largest medical mission in the world" and so on, expecting to see a super-hospital in ferro-concrete, with polished tiles and marble floors. They are disappointed, for they find most of our wards to be a very simple type of one-story building, airy and clean, but by no means showy, and as a matter of fact very difficult to keep even clean. Leaving the village road by a gate, they find no long carriage-drive, but an entrance porch only 20 yards from the road. Here there are probably a few people waiting about, hoping they may soon be examined by the out-patient doctor. Most of the waiting patients are in the hall, sitting down on benches chatting and comparing notes or holding the hand of a little child who is rather frightened, wondering what is going to happen.

The hall is hung with texts from the Bible in Tamil and Malayalam—for every one of our patients speaks one or the other of these two languages—and occasionally the waiting folk will read some of them, probably with no idea of what they mean or why they are put there, and will wonder as to whether they are advertisements of soap or of a holiday resort.

At the end of the hall is a large board with a Tamil sentence upon it, "God is Love," for that is the keynote of the work we do, and we want our patients to realise that it is our desire to show them something of

that love, for His sake and their own. The out-patients are seen by one of the Indian doctors, and those who require admission to hospital are directed to their respective wards. Many of them who live near by can be sent home with some medicine or advice; but a great number may have come 100 or 200 miles, with perhaps a serious disease to be treated, or some complaint that requires operation to cure it. We have even had patients who have come over 1,000 miles to get the treatment of Neyyoor.

On either side of the central hall are long rows of wards, those on the south side usually filled to overflowing with gastric cases, for ulcer of the stomach and duodenum is one of the commonest of all diseases in Travancore, and is best cured by operation. To the north are two wards for cases of accident or injury, into which are admitted most of our emergency cases, as well as surgical patients who belong to no special category. The next building that strikes us as we pass through the front block of buildings is the operating theatre. Here are two tables, both of them generally in use, and the usual accessories, such as cupboards full of instruments, tables, basins of lotion, drums full of sterile towels and dressings, and all the paraphernalia of surgical work. At one end of the operating room are smaller rooms for washing our hands before operating and for the administration of anæsthetics. In India, owing to the hot climate, chloroform is used much more than ether, for this latter evaporates so quickly into the air that the patient gets very little of it. But we have found chloroform a very safe anæsthetic, and in tens of thousands of cases we have had only three or four fatal accidents from its use. Many abdominal cases, and serious operations on the lower limbs, are anæsthetised by a spinal injection, which is a pleasant and safe way of having an operation, for the shock is reduced to a minimum; though, as the patient is awake

most of the time, it is not a suitable anæsthetic for very nervous patients. The other day I operated upon a British doctor, who insisted on smoking cigarettes while the operation was being performed, and kept asking me questions as to what I was going to do next, and so on. Such coolness is remarkable, but we find that many Indian patients, although they don't want to smoke, are equally philosophical even during a serious operation. In fact, most Indians are very plucky in facing surgical treatment, and are extremely easy patients to deal with for that reason; they are much less nervous than one would expect people to be when confronted with a major operation, and calmer on the average than the majority of the patients in our hospitals in Britain who find themselves in the same outfacing circumstances. Whether it is the naturally fatalistic attitude which so many of them have towards life or the fact that a number of them are accustomed to the treatment of unqualified quacks, which is often cruelly painful and inflicted without anæsthesia, or whether it is a capacity for detachment from material things such as is frequently found among Eastern nations—which of these factors is responsible for their calmness I have never yet found out. But the fact remains, the average Indian faces operation with a wonderfully placid and peaceful state of mind.

At the other end of the operating theatre is a gallery, raised from the floor and railed off, with a separate door leading outside. Here are often to be seen relations or friends of patients watching the operations.

We allow anybody to do this, properly covered with a mask to prevent contamination of the air in the theatre. The reason for this is that we feel that part of our work should be educative. Some years ago I learned that many patients believed that a surgical operation meant "making a hole in the stomach and letting a devil out"—the devil being responsible for the disease.

We wish to show to such people that an operation is a carefully conducted and rational procedure, and in many cases we can show them the actual disease—as, for instance, the scar of an ulcer in the stomach or the mass of a malignant growth. We want them to see that surgery is not a haphazard delve at a doubtful devil or disease, but that in most cases we find on the operating table that the patient has actually got the disease which we diagnosed, and proceed to remove or to cure it before the eyes of our audience. I am convinced that in a community like that of Indian villagers this is a sound thing to do, and we have found that as time goes on more and more of the Indian people have realised the superiority of treatment by a careful operation to the guesswork which is often the best the local quack can do. Besides this, it is often tactful and proper to allow husbands, especially among Mohammedans, to watch operations upon their wives, whose lives are so strictly protected by their social customs that in many Mohammedan households it is not permitted for a male doctor even to see the patient he is asked to treat. We have found that our plan has found favour in their sight, and enables them to be reassured that all has been done in a strictly proper and respectable way.

To what extremes the protection of women is sometimes carried is well illustrated by the following incident. I was once asked by an Indian gentleman of exceptional education and intelligence, who held a high official position, to see his wife. Arrived at the home, I found, among others, a well-qualified Indian doctor who is one of my best friends. He drew me aside, and told me that he had treated this patient for years. "But," he added, "I have never been allowed to come into the same room as the patient. One day they tied a string to her wrist and asked me to hold the other end of it, in the next room, and by its means to feel her pulse! That is the nearest approach to a clinical

examination I have ever been permitted to make. Do please examine her thoroughly and tell me what her condition really is."

Next to the operating room, and on its northern side, is a beautiful little building of cut grey granite, not unlike the porticoes of the Hindu temples or the wayside shrines of south India. It is, in fact, built in a style which in India is invariably associated with a religious building. It has a fine, black, polished floor, and no furniture save a small reading desk. It is our House of Prayer, built in 1935 by my mother in memory of my father, whose lifelong interest in Neyyoor is thus fitly commemorated. It has no door, so is always open, and at any time in the day or night anyone of whatever religion may go in and pray for the patient in whom he is interested, or for the work of the hospital. We hold a weekly prayer meeting of all the staff in this little hall of devotion, and only meetings for prayer take place therein. Preaching, singing and ordinary services are held in the front hall, where the out-patients wait. But this building is set apart for prayer alone, and is fittingly in the very centre of the hospital compound. It is a fine sight to see in the early morning a Hindu father praying for his son while beside him bends a Mohammedan interceding for his little daughter —both facing the western end of the building, where hangs a cross, symbol of the One who would have all men come to Him, and who wants to bring God to everyone.

Behind the House of Prayer is a two-story building, partly put up by an old man, Anantha Bhattar by name, whose life was prolonged for some years, but, alas! not saved, by our treatment a few years ago. Here is the consulting-room, where the medical missionaries see those patients who particularly wish to see them. Those who can afford to do so must pay Rs.5 for the consultation, but special cases from among the poorer

patients come here, too, and are treated free of charge. Next door is the pathological laboratory, where two or sometimes more of our staff are continually at work. Rajaretnam and Russell, our pathologists, have a lot to do all the morning and evening in this place, examining blood for malaria or analysing test meals from gastric cases or cutting sections from some piece of tissue taken from a patient whose diagnosis is doubtful. Although much of the work seems to be of a routine nature, yet many people owe their lives to the pathology lab., and the exact diagnosis of their disease or the true measure of their progress are here found out—a process which may make all the difference between life and death to them. Last year over 30,000 examinations were made in the laboratory, so our staff is kept busy. Several of the senior nurses have learned clinical pathology there, and can do useful service in our branch hospitals when they are sent out to work in the country places. Above the laboratory and consulting-room are two airy wards, where we treat the better-class Indian patients who can afford to pay Rs.3 a day as rent for the ward. Many of the leaders of the national life of Travancore have found cure or relief from their ailments in these pleasant rooms.

This block was opened a few years ago by His Highness the Maharaja, who has always taken a lively interest in Neyyoor and its work. An amusing incident occurred at the opening ceremony. His Highness had been received and welcomed by a loyal crowd of many hundreds of people gathered around the entrance, and after giving an excellent little speech, he came down off the dais to open the door. I had had a silver key made for the occasion, and had tested it in the lock several times to make sure that it worked. I warned His Highness quickly that the lock was rather stiff, but a good twist would do the trick. But I had not told him which way to turn the key, and, profiting

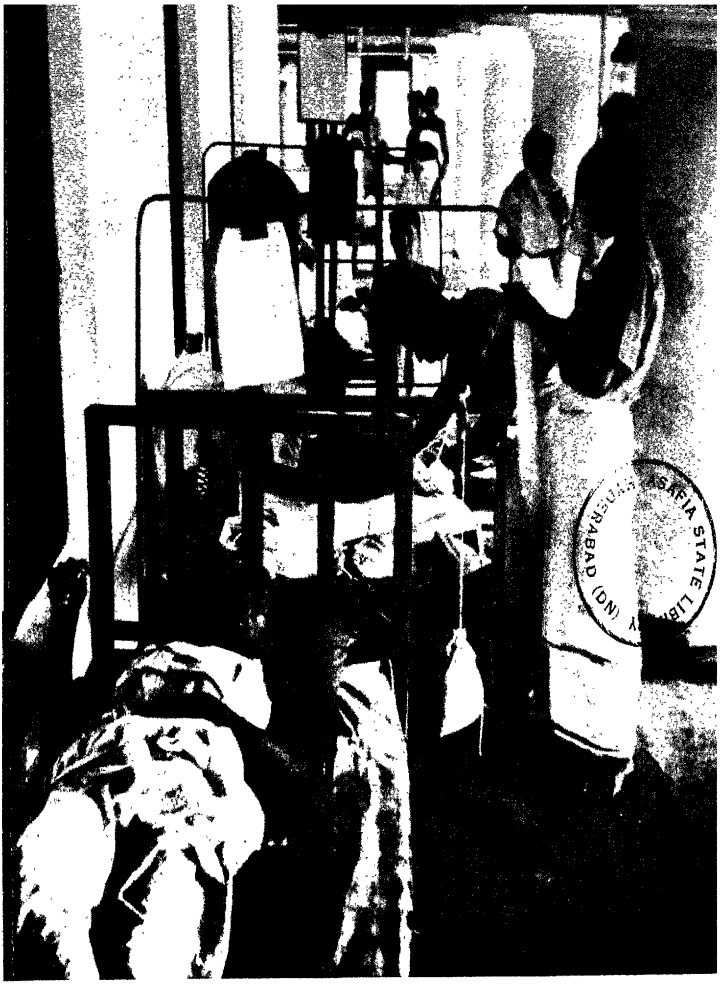
by my warnings, he turned it with his strong right hand—but the wrong way! The ward broke off in the lock. Here was a fine situation. All eyes were on His Highness as he stood there waiting to go into the locked building. I couldn't think what to do; but the contractor who had built the place had great presence of mind. He remembered that one of the windows was unlocked; pulled open the shutters and dashed into the room, opening the door from inside. It was all done so quickly that to most of the crowd not a hitch was observed; His Highness declared the building open and walked in, and to this day most of the assembled people are unaware of how nearly the actual opening had gone wrong. I recovered the ward of the key later and had it repaired and sent to His Highness in a suitable casket. The consulting-room was open, and has since seen the first stages of the healing of many thousands of patients. In breaking the key, our Maharaja showed the strength of his hand, and I pray that he may be spared many a long year to show us all his strength, not only of hand, but of judgment and clemency and good sense, so that Travancore may be preserved in an honourable position among the Indian states.

Behind the two-story building is a ward which to Western eyes would seem very unusual, but which is undoubtedly the best and most practical one we have. It is without walls, consisting of a roof supported entirely upon pillars, except at the western end, where solid rooms have been built—bath-rooms and store-rooms—which also serve to keep out the driving westerly rains of the Monsoon. This large veranda-like room is our medical ward, and holds about forty patients. Its free ventilation makes for health and cleanliness, and enables us to treat medical cases all together in a ward with very little danger of their infecting one another. A closed, room-like ward with

walls would carry many dangers of infection, which the freely ventilated and breezy super-veranda avoids almost entirely.

In adding other buildings to our hospitals, especially at Kundara, our big branch in the northern end of the district, we have borne in mind the success of this airy ward. All our most recently built accommodation for patients is now of this type. Besides the advantages already mentioned, the cost of such a building is comparatively small; our medical ward, with its forty beds, cost us a mere £200, and less than £300, including all equipment. On the northern side of this ward is an old-fashioned and unsatisfactory building which I hope will have been replaced by the time this book is printed. Although bad in its design and poorly ventilated, it is one of our most important wards, for it is devoted to the cure of cancer. We seldom have less than forty patients in hospital suffering from cancer, and often there are many more than this number. More of this later, for cancer is one of the most terrible of all the diseases, and is very widespread in this part of India, so it must have a chapter to itself. Approximately half the total major operations done at Neyyoor are those which are performed for the cure and relief of cancer. Many a day I have spent in the operating-room from morning until after dark, almost entirely occupied with fighting this one disease. Radium, X-rays, diathermy and the knife have all to be called in to treat cancer, and there are now thousands of people walking about Travancore and doing their jobs who, but for Neyyoor, would by now have been buried, victims of the disease which only radiation can cure and only operation can remove.

To the west of all the Hospital buildings is the engine-room, where for fifteen years we have made our electricity which lights the hospital and runs the X-ray plant, as well as doing sundry other jobs, such



OVERCROWDED VERANDAS AT NEY

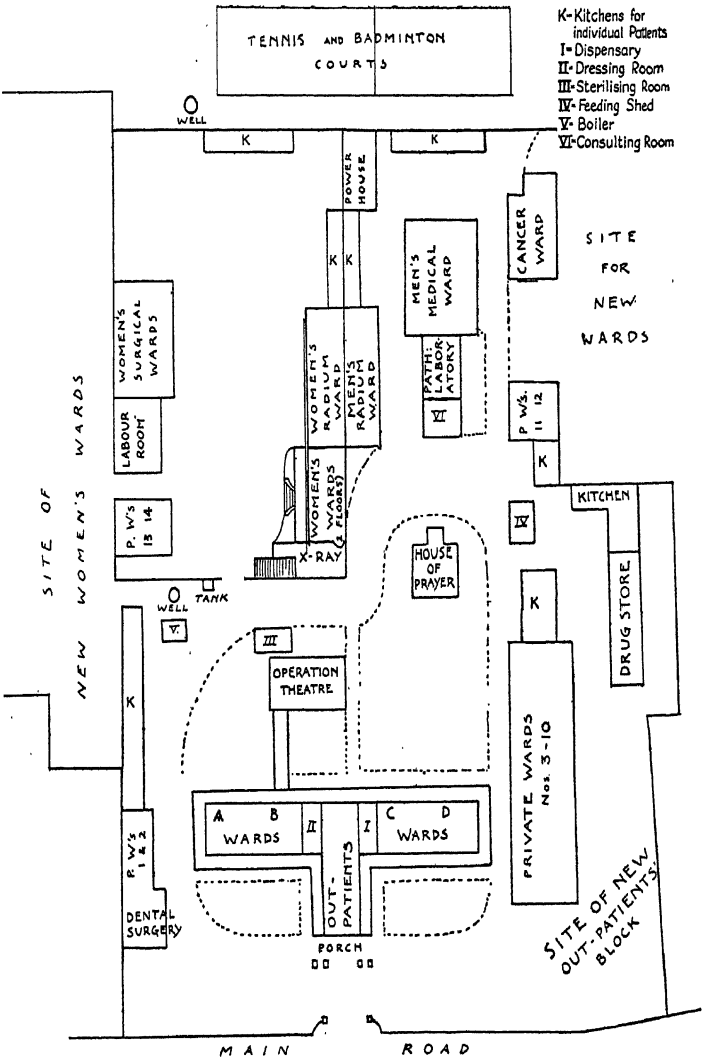
The wards in Neyyoor Hospital are alway
so the overflow have to be put on the ver
—not ideal for nursing, but healthy and t
and good for the patient.

as pumping water from one of our wells, providing cold water for developing, ice to the tune of 1 cwt. a day, cold storage for all our vaccines and sera, and diathermy with which to warm the inward parts of knee-joints and chests and other things in those patients for whom heat is a curative power, which can be provided satisfactorily only by a short-wave diathermic current. The engine-room doesn't sound like a romantic portion of the hospital, yet one of the truest bits of romance is connected with it. In 1937 the old engine had run its course, and quite suddenly broke down. There was nothing for it but to buy and instal a new engine; so Mr. Harlow, our Business Manager, went to Madras to do this. He bought a Diesel engine twice as powerful as the old kerosene-burning one; it now runs at half the cost of the old one. But we had no money to pay for the new engine. We have no reserve fund nor invested sums of any sort. Where was the £300 or so to be found? God gave us the answer. That very week a letter arrived from a man whom I knew but slightly and who had never written to us before. An aunt had left him some money, and he was fairly well off. He had heard of our work and had read a book I had written called *After Everest*, and wondered whether we would not like £500 to help us in our hospital work. People talk of the *Deus ex machina*, but here, if ever, was the *Machina ex deo* straight from God Himself, and exactly when it was wanted. That is just the way God works, and the knowledge of it takes much of the anxiety away from the financing of this work at Neyyoor. We know—not only from this incident, but from many other things—that as long as we are doing God's work, He will stand for it. He has never let us down.

At the lowest point in our compound is a row of kitchens, and one of the characteristics of Neyyoor is the fact that wherever there is room for it there

seems to have been erected a row of kitchens. I have never counted, but I believe there are over sixty kitchens of this sort. Patients are encouraged to cook their own food. We can't afford to feed them unless they are very poor and really unable to provide their own meals. For this purpose we have a big hospital kitchen which often feeds over 100 people every day. But all who can possibly afford to do so are expected to provide their meals for themselves. Now in India, where caste holds sway, it is contrary to the religion and custom of the country to have your food cooked except by a member of your own or a higher caste. No devout Hindu will eat meals cooked by members of any caste lower than his own. But when we lend one of our little kitchens to a patient, he can keep his goods there locked up, his relations (who will, of course, be of the same caste as himself) will be able to carry on the cooking, and all will be happy. We take no responsibility for the possessions of our patients, but they can have the key of the kitchen door and be themselves responsible. This plan works very well, and we have adopted it, not only at Neyyoor, but at many of our branches, too.

Beyond our westernmost row of kitchens is an important piece of the compound, for it contains our playground. A tennis court, and another for badminton and volley ball, provide recreation for our staff in the evenings, and every member of the staff of the hospital has, besides his ordinary off-duty times, one hour in the evening when he is free to play games. Half the male nurses are off from four to five, the other half from five to six. By this arrangement everyone gets a chance of forgetting his patients and his responsibilities at least for a short time every day, and using this time for healthy exercise. A sound body and a sportsmanlike nature, outcome of the daily time of recreation, all help us to do better work and to be



PLAN OF NEYYOOR HOSPITAL

happy one with another. And when the annual competitions at these various games come on, a real keen and sporting spirit of competition is shown by everyone, and it all helps on the work that we do for our patients. Although the patients themselves, always excepting emergencies, sometimes have to wait a little while until we finish a game, if they happen to arrive in the evening, the very game that keeps them waiting is for their good, if they did but know it, for it makes us more cheerful, as well as more efficient, in treating their ailments.

Such, then, is the compound in which we work and the buildings in which we treat our patients—as far, at least, as the male side is concerned. The women's hospital and the leper homes will be described later on. In order that you should not be confused by all our local geography at one fell swoop, we will pass on for a time to a few things about the day's work that we do, the country in which we live and the diseases and accidents with which we have to deal.

CHAPTER VI

A DAY'S WORK

ONE of the glories of being a doctor is the fact that one is continually dealing, not with bills or papers or books or machines, but with human beings, flesh and blood, bodies and souls. Although many cases bear the same diagnosis or suffer from similar diseases, yet even they are different one from another, and whatever the similarity of disease, they are all separate individuals, with different mentalities and personalities and potentialities. Life is, in fact, always varied and interesting for a doctor. In later chapters we shall meet special cases and get to know some of the workers in the hospital, as well as some of our patients. But as far as it is possible to have a routine in a hospital, where at any moment "emergencies" may be admitted or something special may have to be dealt with, we try to arrange our work in some sort of order. Before thinking about special groups of cases, or stories of individual patients, I will try to describe a typical day's work in the hospital. About eight o'clock I get on my old push-bike—a rattletrap old thing, good enough for going the three furlongs to hospital; but my car-driver is very distressed that his master, the great[1] doctor, hasn't something a bit more respectable to ride in!

Within a minute or two I am in the hospital, and gathering the medical men together to have prayers. This is not by any means the beginning of the hospital's day. The local Big Ben—a brass gong struck every hour

[1] The senior doctor is described in Tamil as the "great," the junior being the "small" one.

(more or less) by a coolie—starts at five, when the night nursing staff write their reports and begin to wash their patients; the kitchen staff light their fires to boil the morning coffee for 100 people or more; and the operating theatre orderly kindles the fire which heats the sterilisers. At seven the night staff comes off duty, the day nurses start their work, and all meet, with our European nurses, for prayers in the Tamil language. As in most hospitals, the doctors arrive a bit later, when some of the ward work has been done; at eight o'clock, we all go to the various wards, and a short service, with the singing of some Tamil lyric, the reading of a portion from a Gospel and a prayer, is held in every ward, the nurses usually taking part in these services by turns. The patients like this arrangement. It might be thought that they would object to it as Christian propaganda, in a country where a conversion to Christianity means exclusion from the family, sacrifice of all share in the property and sometimes even death by poisoning or some other way. In a certain village I know well, where the C.M.S. is working, during the past few decades a number of people have seen the truth and beauty of Jesus and His teaching and have become Christians; but not a single one has survived, and practically none have even been allowed to remain alive long enough for their baptism to take place. In spite of this customary attitude towards Christianity, the Indian patients, Hindu, Musulman and Christian, like the services in the wards, and very often ask to be prayed for, especially at the time of operation or if they are (or think they are) in a dangerous condition. I stopped these ward services some years ago, thinking that it was not quite sporting to preach at people who, being ill in bed, couldn't get away from the preaching; but the patients (especially the Hindus) themselves asked that the ward services be continued; they were resumed next day and are now held daily in all the wards.

Then begins the day's work for the doctors. Dressings have to be done, charts and "history sheets" have to be written up, special cases have to be seen to and rendered comfortable; new admissions have to be diagnosed and started on their treatment. As far as I am concerned, I generally at this time see only a few special cases, and then go to the office to deal with any urgent correspondence there may be, for the post goes at noon. Having read my letters and dictated a few answers, I go along, perhaps at ten o'clock, to the operating theatre, and spend the next five or six hours there. On an average day we do anything from eight to sixteen operations, nearly all of them major ones, usually some five or six of them being abdominal operations.[1] Straightforward cases are often done by the Indian doctors, of whom some are skilful surgeons; I consider that the greatest contribution to the healing of the body a surgical missionary can make is to train and give experience to his Indian staff. In difficult cases, or for patients who particularly wish me to operate on them personally, or in any case which is not likely to be straightforward, I usually perform the operation myself; but a great many cases are done by the Indian doctors, some of whom are able to do with skill and neatness any of the more usual operations. Gastro-enterostomy, appendectomy, amputations and many other procedures can be done with skill by at least four of our Indian medical men. About noon we have a short interval for food, and resume operating afterwards, until the cases are finished. This may be at four, five, six or, on a heavy day, even later. But there is usually time for the doctors to get a set or two of tennis before

[1] A visitor to Neyyoor, who was a surgeon in London for some time, spent a day watching our operations. At the end of it he said, "These big cases you do—jaws and gastrectomies—if a hospital in London does one it's posted up in various places, and people come from half the hospitals in London to see it; and here you do three or four in a day as a matter of course!"

it is dark, and sometimes I can play a set myself, before embarking on the evening work. It is at this time of day that we do all sorts of odd jobs. As far as I am concerned, some private consultations are usually done at this time. Other cases may have been selected by the Indian doctor in charge of out-patients and sent on to see Dr. Davidson or Miss Thompson or myself in the evenings. If they are poor, they are given a note excusing them from the payment of a fee.

A good deal of work is done in the X-ray room in the evenings, for it is easy to see the screen and to diagnose injury or disease when the darkness has set in. Going straight into the X-ray room from the brilliant sunlight of an Indian day, it is almost impossible to see the screen until some minutes have been spent in the dark, which wastes valuable time. Moreover, if one comes out of the dark X-ray room straight into bright sunlight one is apt to have a headache for the rest of the day. Sun headaches and sunstroke are almost always started through the eyes and not the head. Dark glasses are far more of a protection against sunstroke in the tropics than any form of hat or topee, a fact which is insufficiently realised by most Europeans in India. So it is in the evenings that we do the screening part of our X-ray work as far as possible.

In the evening, too, patients will have to be visited here and there in the wards, although a complete "round" is only done by the missionary twice a week, on non-operating days. Some are selected for operation on the next day; others have to have some special treatment or to be made comfortable. Then there will be other jobs, such as the application of plaster-of-paris splints and the fixing up of fractures and other special cases in their beds. Finally, perhaps at 8.30 or, with luck, a little before we are able to go home to dinner, and if we are fortunate enough not to be disturbed by the arrival of an emergency, an accident or a labour

case, we generally manage to get an evening to ourselves after dinner, the only really free time of the whole day. At this time I may read or write, but I usually play the piano or the gramophone, sitting on the veranda with my wife and listening to a symphony or a concerto before going to bed, to (again, with luck) an uninterrupted night of sleep and rest until the day returns and brings with it the round of concerns and duties once more.

Such is a typical day at Neyyoor; or rather, such is the framework of the day, though, as the real interest of this fascinating life lies, perhaps, rather in the unwonted happenings than in the routine jobs, here follows a typical selection from my diary, to fill in the gaps of this chapter, and to show the sort of thing we have to do on occasions. This, for instance, is yesterday's entry:

One of the most ghastly cases I have yet seen came in to-day. A woman aged about forty, of a fairly well-to-do Hindu family of high caste, very weak and ill, and surrounded by the most appalling stench. The cause of this was soon apparent when we unwrapped her and laid her gently on a bed. Her legs from the knee downwards were *dead*. By all appearances, they had been dead a week or more. She was sitting up, and could not lie, owing to a weak heart—but she was sitting on the largest and deepest and most stinking bedsore I have ever seen. The history given by her relations was one of a few weeks' dysentery, followed by increasing weakness. But like so many histories of cases in India, this represented what they wanted us to believe, rather than the actual facts of the case. Probably she had been ill for months, and she must have been sitting up without relief or nursing or cleansing of any sort for some weeks. There were stories of various doctors, Ayurvedic and "Western," having been called in—but, as is the custom far too

often, they were probably called in but once, and their advice disregarded.

Poor woman! A little care and nursing could have saved her all this suffering. She lived within a mile of a fairly decent Government hospital, and within four miles of Neyyoor itself. Was she the victim of ignorance, of superstition, of tradition, or of the soothsayers? Or was it merely neglect?—she was "only" a woman, after all. After dealing with this case, and getting her comfortable, if such a word can be used of a poor soul in the last stages of a horrible inch-by-inch mortification, I had one of the "odd jobs" to do before beginning operations.

Daniel was once our kitchen-boy, and his brother Nesamony (jewel of love—we will call him Jewel) is now my gardener. Daniel a few months ago got a very bad attack of typhoid fever, and in spite of all we could do for him in the hospital he died. He had been unconscious from about the third day of the disease, and was, we knew, pretty well hopeless from the very start. Now, Daniel during the last few years had been running the village soda-water shop. Incidentally, that the manufacturer of our soda-water should himself get typhoid, a water-borne disease, is rather typical of the casual life of an Indian village. Anyway, Daniel had said in one of his moments of consciousness that he owed Rs.16 to his landlord for rent overdue. After his death, his brother, the Jewel, went to the shop to get the soda-making machine and his stock-in-trade, but the landlord refused to give them to him until the rent was paid. "He owes me for twenty-one months at two rupees a month. That is forty-two rupees," said the landlord, adding magnanimously: "But I will be content with thirty rupees." A deadlock ensued, and the shop was locked; the landlord refused to let it be opened until thirty rupees was duly paid. Poor Jewel told me of the story, and I, knowing that dying people usually

tell the truth, believed Daniel rather than the landlord. But I didn't know how the law stood in this case, so I asked a senior judge who happened to be a patient in the hospital. He was very helpful, and said at once that the debt was a doubtful thing, and entirely independent of the possession of the property. The Jewel must therefore be allowed to take his brother's goods, and if the landlord was adamant the police could be called in.

So down we went, the Jewel and I, to the shop. After a long palaver with the landlord, we were allowed to take away the stuff, and many tools from my car were requisitioned before the recalcitrant soda-water machine submitted to part company from the bench on which it lived. At last all the goods were on the veranda, and the Jewel went to fetch a bullock cart to take them home. The landlord couldn't stand it any longer; here was his precious security disappearing before his very eyes! So once more he said, "No, you mayn't take the things away until the rent is paid."

"How much is it?" I asked. "And have you an account book?"

He had, and proceeded to show me two pages of his book on which had been written the rent account of friend Daniel. In order to put me in a favourable mood, he had pinned to the first page a receipt which my wife had given him for a subscription to the Hospital Centenary Fund last year! I fear my only reaction to this transparent bit of eye-wash was an inward chuckle, carefully concealed. "That account was most likely written yesterday or this morning, and I can't accept it," I said.

It showed a debt of thirty-four rupees—yet another estimate of this doubtful quantity. So off we went, the Jewel and I, to the police station. I told the essentials of the story to the Chief Constable in Tamil, and then found he was a Malayali; so repeated it in Malayalam.

(In these parts it is desirable to know both these languages, and in the hospital we use both about equally.) The Chief sent another constable to the scene of action, and I saw that all was going well, so I went off to hospital to continue the day's work which was awaiting me there. As I left I remarked as a parting shot: "That account book is no use as evidence, as it was all written at one time, though it purports to be an account extending over several years." This evidently found its mark, for after I had gone back to the Hospital, done three or four abdominal operations, and was going home for the lunch interval, the Jewel met me and triumphantly said, "I've got the stuff home, and the landlord says the debt is sixteen rupees and he'll settle the whole if I pay him that sum."

"Well," I replied, "you had better pay him at once and get it fixed up."

So he did, and the whole thing has now ended happily.

More operations in the afternoon, finishing up with a poor little boy who is desperately ill. I found him to be suffering from that terrible disease, osteomyelitis of the tibia, the chief bone of the leg. A whiff of chloroform, and a few holes drilled in his bone to let out the pus inside it, and the day's work, as far as operations were concerned, was done. In the evening, among other cases, I saw a Brahmin child who had been brought 150 miles to see what I could do for him. Poor little chap, he was mentally deficient, and nothing could be done. It is a very frequent occurrence, this mental defect in Brahmin children, due to generations of in-breeding. Of all castes, the Brahmin, being the highest, is also the strictest, and marriage is rigidly confined to the subdivision of the caste, which may be a very small one. A Brahmin of Nagercoil, a town of 40,000 people near to Neyyoor, once told me that

there were so few members of his sub-caste in Nagercoil that unless he went hundreds of miles away to the family town, there were only three people to whom he could marry his daughter, all of them first cousins! When a few generations of this sort of thing occurs, there is little wonder that mental deficiency is common among the children of Brahmins. Yet another argument, if more be needed, for the brotherhood of man as a substitute for caste. When hospital work was finished, I went out to dinner some ten miles away and had an interesting talk with a distinguished Army man about fundamental things, such as peace and war, God and money. Although he said during the course of conversation that the real cause of all unrest, personal and national, was money—with which I heartily agreed—yet he made also the outrageous statement that man was made for war and that war is the natural outlet for his energies and his capabilities. "This brotherhood business doesn't work, you know. Man likes to be jealous and to envy or even to hate his competitors in the world. Man was made to fight, not to be brotherly." It is an amazing tragedy that reasonable, kindly and decent human beings should have such views—yet they do have them, and express them, and live in the light of them.

Back home late at night to find a visitor waiting on my veranda. "What do you want at this unearthly hour?"

"I want to tell Master something private," he said. He went on to inform me that one of the men in our office staff was receiving bribes from a printer in the town to get all the Medical Mission printing done at his place. My informant being the rival printer, the story of the bribery was, to say the least, an *ex parte* statement. So I just listened to what he had to say, assured him that our custom would be given to the firm that did the work best and most cheaply, and

bade him good night. Within half an hour I was asleep. I ought to have dreamed of money, the root of all evil, but the source, too, of beneficial drugs and proper nursing; the curse of man if he be selfish, but the means also of his generosity. In actual fact, I didn't dream about money at all, but about a man who was sitting in a fire-place, with the front of his chest cut out so that you could see the heart and the lungs. Just like a surrealist picture. One lung was shrivelled up, and useless, but he managed to breathe with the other by pushing at it with one of his hands. This arrangement seemed quite satisfactory, and kept him alive, and he was apparently perfectly happy and free from pain. What significance this dream has I doubt if the psychologists could tell, but it is very typical of many of my dreams. I perform the most marvellous and unheard-of operations on dream-stomachs, and almost while I am still operating the most ghastly complications occur, calling for rapid thinking and action, and sometimes ending disastrously, but more often just fading out into the waking day. Night seems sometimes to be rather a busman's holiday, even when nobody arrives on my veranda to call me down to see an emergency.

On Sundays we have, officially, no operations, although an emergency may occur on Sunday as well as at any other time. We used to do full hospital work on Sunday, except for the operations, but we have recently been trying to cut it down, and to get at least the afternoon and evening free both for ourselves and for such of the staff as can be spared from their work. The pathologists, the X-ray men, and a few others can usually have a half-day's holiday on Sunday, and the office and the drug-store staff have a whole day.

I very often go to some small church in the district to preach on Sundays, not too far away, getting back

to Hospital in time to do the morning's work; the services at churches in this country being usually at 7 or 7.30 a.m., it is easily possible to combine the two duties. Usually I go to these churches at the invitation of some member of the Hospital staff, whose home church it happens to be. Very seldom indeed do the pastors invite me along; I don't think they approve of my sermons. But then my view is not far from that of Van Gogh, who says, "That God of the clergymen, he is for me as dead as a doornail. . . . There is a God, not a dead one, nor a stuffed one, but a living one—that is my opinion."[1]

A boy from the village went with me last Sunday to a church some ten miles away, and on the way home in the car he told me that, being himself a convert in a "mass movement" (that is to say, he came over to Christianity when his family did so, being then at the age of fourteen or so), he had never attended Sunday school. But he had later on gone to some classes for those who wished to be baptised, and was taught, I suppose, the elements of the Christian faith by the village evangelist or pastor. "But," said he, "I want to come with you whenever you go out to speak at churches, if you will let me, for the stuff you preached about to-day told me more about Jesus and made Him seem a more real person than any of the sermons I've heard in church before, or any of the classes I attended before I was baptised."

I am no great preacher, and haltingly deliver the goods in English, to be translated sentence by sentence into Tamil for the congregation to understand—for if I spoke direct in the vernacular it would probably be such bad Tamil that they wouldn't be able to get much out of it. But I have two rules in my humble efforts at preaching. One is, always to take a text from the Gospels. The other is always to direct people's

[1] *Dear Theo.*

thoughts towards Jesus and His teaching rather than to the teaching of other people *about* Jesus. I am certain that this is the reason why the boy I have mentioned found satisfaction in my rambling address. Probably he had never before been directed simply and entirely to Christ for his doctrine and his ideals, but to the theories and rules and dogmas that men have woven around Him these 1,900 years. It was cheering to me after sixteen years in this country to find one person at any rate who had been helped by my poor words, and I can only hope that there may be others, too. Anyway, I am determined to know, like St. Paul, nothing save Jesus Christ, when speaking to the simple folk in the villages, who so often, I fear, have been misdirected by the official religion of the Churches.

Every Sunday morning in the Hospital there is a service which is taken by the doctors, Indian and European, in turn. Then follows, at about ten o'clock, the morning routine of hospital work. We try to finish it about noon or soon after, so as to have a holiday for those of the staff who can get away for the rest of the day. On Sunday afternoons I very often paint pictures, either in my studio here (an old office room, now disused) or out in the open air among the palm trees and hills of this beautiful country. These pictures are many of them awful daubs, but I take them rather seriously as giving me an insight into the beauty of Nature which is God's good gift to man and an attempt at self-expression, or creative work, or whatever you like to call it; perhaps merely a kind of self-examination to make sure my mind is still in tune with the beautiful as far as in it lies.

On Sunday afternoons our nurses meet for an hour, the male nurses in one room, the women in another, and take it in turns to read a paper or introduce a discussion on religious subjects. This meeting, entirely organised by our Indian nursing staff, is a great help

to them in their work and is responsible for many a deed of kindness and care in the work of the wards. On Sunday evenings all the Neyyoor missionaries unite at dinner at one bungalow, taking turns to be hosts or hostesses, and have a musical evening or sing hymns (not always so very musical!), finishing up with evening prayers.

This, with our Wednesday morning prayer meeting, is the time when we Europeans have fellowship with our own community.

On Wednesday evenings all the Doctors, Indian and European, in Neyyoor meet together. Once a month we discuss the running of the Hospital, the needs of our patients, or the latest methods of treatment and diagnosis. On all the other Wednesdays we read the Bible together and discuss topics arising out of the readings we have had at our daily morning worship, ending with a time of prayer together. On Thursdays the whole staff unites in prayer in our House of Prayer; and this meeting is perhaps the real mainspring of our work and service in Neyyoor. Personally, I always feel, week by week, that this half-hour on Thursday evenings is the most important time of the week.

By these various fellowship meetings, which are added to the routine work of the Hospital as already outlined, we endeavour to keep alive the spirit of service, and to keep burning brightly our love for our Master and for the patients He has committed to our charge. It would be good if we had more leisure for devotional activities and a devotional atmosphere; but there is a rush of work all and every day, and we just have to trust that through it all our tempers may be kept even, and our service may be kept keen. As we make it our ideal that no patient shall be refused admission to the Hospital, we are sometimes "run off our feet" in a constant whirl of activity, especially

on the surgical side. But we believe that God has given us this work to do, and it must be done as well as we know how to do it, even though it be a bit of a rush for some of us.

So much for the general activities of the Hospital. Now I must try to give a picture of some of the special kinds of patients with whom we have to deal, and we will divide the chapters into headings suggested by the chief products of the country of Travancore, endeavouring to bring before our readers a series of pictures of the activities of the country folk, as well as the diseases which are especially associated with them.

CHAPTER VII

RICE

INDIA is a land of agriculture; 90 per cent. of her people live in little villages and farms, and only the small remainder in towns and cities. Travancore is no exception. The chief product of the land is rice, and the teeming population there is due to the three great products—rice, tapioca and coconuts, of which the first two provide the staple food of the country.

The Indian divides cultivation into "dry" and "wet," the former including corn, sugar, wheat, barley, tapioca and leguminous crops, the latter mainly consisting of rice, which requires to be grown in fields actually flooded with water.

In most parts of India where rice is grown the water which falls as rain during the monsoon months (June to September on the west coast, October to December on the east) has to be stored so as to be available for flooding the fields at the proper times. This is usually done by collecting it in tanks, which are shallow reservoirs artificially produced by building a ramp or "bund" around the lower sides of the convenient area, the slope of the land providing the upper side of the tank. Some of these tanks are only a few yards, others a mile or more across. As well as being provided with a number of these tanks, the district around Neyyoor is irrigated by an immense reservoir, artificially formed by a dam which in its day was, I believe, the largest in the world. This was built some forty years ago under the guidance of British engineers, and now provides water to keep about a million people

alive during the hot weather. So the critic of Britain's influence upon India will find that it has not wholly been for evil! There was a tragic custom in Travancore at the end of last century. It was believed that prosperity can only be brought to a new public building if one or more people are buried alive in its foundation. The British engineer in charge of this dam was aware of this, and supervised the building very continuously and carefully to prevent any crime of this sort being committed in the name of superstition. Incidentally, it would not strengthen the foundations of a dam to have decaying matter as part of its constituents. When the dam was opened in 1908 it was believed that nobody had been buried alive in it. But I have been told by villagers who live near it that on several occasions the European's vigilance was evaded and old men were buried alive in the lowest portions of the dam. I also know of several bridges in which the same ghastly and senseless rite has occurred. Be that as it may, the structure raised on the bodies of these poor old men has brought livelihood to hundreds of thousands of young ones, and South Travancore is now so highly cultivated that this great reservoir, once ample, is now insufficient for its needs.

Rice is grown in every place where a field can be levelled and connected with the irrigation system. Twice a year the young plants are sown in a well-fertilised small field which acts as a "nursery." The main paddy fields are then ploughed, and water is let out to them to make the soil into a kind of thin mud, after which bullocks pull back and forth a wooden harrow through the mud, which mixes it up and, if decayed leaves also be added, manures it. By and by it is ready for the planting-out of the rice, and the whole family—especially the womenfolk, who plant very neatly—are requisitioned to do this. The seedlings are put about 6 inches apart, and water is once more

turned on to the field to a depth of 2 or 3 inches. In this the paddy grows, sometimes dry, but more often wet, until the time for ripening occurs. Then the fields are dry for a time; a final wetting is given to swell the grain before the harvest, and once more the whole family, and all available labour, are employed in harvesting the grain in February and September.

Rice-growing creates several problems among the population. One is the question of what to do while the rice grows. The reaping, ploughing, sowing and planting-out occupy everyone for some two months twice a year. Except for an occasional weeding or manuring and turning the water on and off, there is literally nothing to do but to watch the rice grow, which as a pastime can hardly be described as exciting. Hence the proverbial idleness, as well as the equally characteristic patience, of the Indian villager. Hence also in part, I believe, the many quarrels which to us seem to spoil the lives of so many people, but which at any rate provide the village folk with something to talk about. Litigation is the normal hobby of most South Indian villagers, and the number of *vakils*, or advocates, is legion. They vary from the respectable High Court lawyer to the petty village *vakil*, who will take on any old case, however dirty, for a few rupees. Hence also the large numbers of young men who hang about in the neighbourhood of the police-courts waiting to be called as witness in some case, when for a few annas they will swear to anything they are told to swear to. The party who can produce most witnesses stands a fair chance of winning the case—for if he can afford plenty of witnesses, he can also afford a suitable tip for the village magistrate who, I fear, is seldom incorruptible. Many of these cases are about land; a favourite trick is the diversion of the water from someone else's field into one's own, and a fruitful source of quarrels and of grist to the advocate's mill. Removing boundary

stones is another pastime of the idle rice-growing period, and has to be done with great skill, usually inch by inch, night by night, if you are going to "get away with it."

Festivals, pilgrimages, devil-dances and various other religious functions, some harmless, others savouring of black magic and producing neurasthenia, often help the time to pass while the rice grows.

One of the tragedies of village poverty is the absence of intellectual amusements. Many girls and boys learn to read, but they never read books, largely owing to their cost and owing to the fact that reading has never become the Indian habit. In the long evenings (for the tropical sun always sets about six o'clock) there is nothing to do but to sit and talk; gossip and scandal and the pulling to pieces of other people's characters provide the normal employment of many villagers, and are very often the precursors of quarrels and family feuds.

Mr. Gandhi and others who endeavour to encourage village industries, such as weaving and mat-making, are doing much and will do far more to provide employment during the idle times of the year. Our Mission runs industries, and has done so for a hundred years, in most of the head stations in Travancore, and although these chiefly affect the womenfolk, they do provide them with something to do other than to talk scandal and to hatch quarrels, besides raising many poor families a shade above the level of real grinding poverty.

Most of the land is owned by a landowning class, usually the higher castes in the Hindu community, while the outcastes and untouchables do the greater part of the labour. There are, of course, thousands of small landholders who farm their own acre or two of paddy; but in the majority of cases the outcastes live in hovels grouped together in tiny villages, getting

as wages a proportion of the rice they produce, and living so absolutely on the land and attached to it that their position is hardly removed from slavery; to all intents and purposes they are bought and sold with the land.

As far as our work in hospital goes, the growing of rice has several far-reaching effects. First of all, as rice grows under water, the fields provide a perfect breeding-ground for various tropical pests. Foremost of these is the mosquito of the anopheline type, which conveys malaria. Mosquitoes always lay their eggs in water, and the larvæ hatch out, living on the surface of the water, where they breathe. It is a well-known fact, made use of in pools and ponds and on tea-estates and other places which are under organised management, that a thin film of a heavy oil on the surface of the water will kill all the larvæ by depriving them of air. But who is to oil thousands of square miles of paddy fields? It simply cannot be done, and where the *Anopheles* is indigenous malaria is rampant. In many parts of Travancore practically every single person has continual attacks of malaria, and a very large proportion of our expenditure on drugs goes towards the provision of quinine and atebrin to fight this debilitating and widespread disease. Occasionally a particularly virulent strain of the malarial parasite, which lives in the salivary glands of the *Anopheles* mosquito, starts a sudden epidemic of a bad type of malaria, and then we have to get busy. One of our branch hospitals, Ravenenchira, is in the area where this has happened several times. Two years ago we sent parties almost every day, and Harlow went with them every Sunday, walking many miles in the day to small villages and hamlets in the malarious area, and giving medicines to thousands of the poor folk whose fever kept them from coming to hospital. One of these visits is described later in this book.

In most cases all you can do for these poor patients is to stop the fever for a few days, leaving them anxiously waiting for your next visit. Radical treatment of malaria, which costs 6*s*. or 7*s*. for each case, and takes several weeks, is out of the question. For no sooner has one lot of parasites been killed in the blood than the patient gets bitten again by mosquitoes and reinfected. Constant visits, the distribution of gallons of quinine or cinchona mixture and of thousands of atebrin tablets are really all that we can do. But they are really worth while, for they not only keep the people able-bodied for a few days after each visit, but bring hope and the sense of being looked after and cared for, which ministers to the peace of mind of the patients, and does a lot to prevent the awful discouragement and loneliness which, we find, renders these poor folk so miserable when malaria gets hold of them and keeps them confined to their houses with all the misery of continual attacks of fever.

In this way a really Christian job of work can be done, and the occasions on which I have been able to leave Neyyoor for an odd day or two and join the anti-malarial party have been among the happiest days of my life out here in Travancore. In this work we go hand-in-hand with the Government medical service, and make ourselves responsible for a certain area, of many square miles, the Government public health service taking over another area. At times of epidemic, the Government have given us grants for the provision of anti-malarial drugs. One year, when both famine and a virulent epidemic affected the same area, we not only distributed quinine, but food and clothing as well, and were helped by subscribers in India as well as by volunteer workers from the Christian college that the L.M.S. runs in Nagercoil.

Another pest that grows in the paddy fields is hookworm. The ankylostome, as the parasite is called,

THE HOME OF THE HOOKWORM

Ploughing fields sodden with water, the r grower falls an easy victim to the hookwo which swarms in fields such as these.

has an extraordinary life-history. In a kind of larval form, it gets from the water in which it lives into the tender skin between the toes. From this it is carried into the blood-stream, and ultimately finds its way into the duodenum, the part of the intestine just below the stomach. Here it takes hold of the lining of the gut, and many thousands of these little worms, each about the size and thickness of an ordinary pin, will in course of time find a home in the duodenum of the worker in the field. Little by little the blood oozes out when the hookworm gets its hold, and in a few months the poor patient will become anæmic and weak. Although it never makes anybody very ill, yet hookworm saps the strength of millions of people in India, and in our hospital nearly every patient, whatever diseases he may have besides, is treated for hookworm. A single dose of carbon tetrachloride or chenopodium oil usually kills all the hookworms in a patient. The treatment is therefore very simple, and very cheap; tea estates and other institutions which give hookworm treatment to their labour at regular half-yearly intervals not only improve the health of all their coolies, but find that they increase their efficiency by 20 to 25 per cent. It is not only human kindness, but good business too, to treat your staff for hookworm.

The third sinister effect that rice has on the human body is due to the almost exclusively rice diet which is the usual custom in these parts. Carbohydrate is the most valuable of all the foodstuffs. But a diet which consists almost entirely of carbohydrate, such as the Travancorean eats, is deficient in several vitamins, and is also apt to cause diabetes. Both of these factors are the origin of much weakness, disease, misery and (in case of diabetes in young people) actually of an early death. Members of the inactive, wealthy, shopkeeper class, who can afford plenty of

rice, and who take little or no exercise, are extremely apt to develop diabetes. I believe that if you went along the chief shops of a town like Nagercoil and examined everyone who was over fifty, you would find that a large majority had diabetes. At this age it usually does them no harm, although if a carbuncle, a septic finger or toe, or even a boil should develop, serious consequences may ensue if the patient be not treated at once. Diabetic gangrene and carbuncle are the commonest causes of death in elderly Travancoreans.

During the last fifteen years six of the medical men attached to this mission have died while over fifty years of age. Five of them died of diabetic gangrene. The majority of the amputations done at Neyyoor are for this condition; and even if that be not necessary, and if life be preserved by insulin and other methods of treatment, the usual result of the septic hands and feet that are complicated by diabetes is that the patient ends up by being seriously crippled. You can have too much of a good thing, and rice is a good thing, with this condition attached to its use. It supports the life of millions, but if allowed to be the sole support, it turns and kills, and the meat of the many becomes the poison of more than a few.

Yet as an article of diet rice is on the whole quite good. Cereals containing vitamin A are better than rice as a basis of diet, but rice, if unpolished, and thus preserving its vitamins, is fairly wholesome as a staple food. But it must be reinforced by suitable quantities of proteins and fats, either taken as vegetables (*dhal*, lentils, nuts, beans, green vegetables and fresh fruits) or as animal products (milk, butter, eggs, meat, soup and so on). The poor Indian villager cannot often afford these accessory articles, and eats nothing with his rice but a small amount of hot chutneys, insufficient to provide the protein and fat for which his body craves.

The lack of vitamin thus produced makes the eye liable to disease, and may also cause anæmia, neuritis, under-development and many other defects. These are not the fault of the rice, but of not adding other things to it. Among the very poorest people there are many thousands who cannot even afford rice except once or twice a week, and whose staple food is the tapioca root, called in Travancore *mara-chini*, or tree-sugar. We will have a look at them in the next chapter.

CHAPTER VIII

TAPIOCA

ALL over Travancore, tapioca is grown. It requires little rain and not much attention, and can grow therefore in places where the absence of water in available form renders rice cultivation impossible.

Tapioca is a plant in some ways resembling the artichoke; the sweet potato is a form of it. Its stems rise rapidly from the long, twisted, tuberous roots, and actually form wood within a few months, whence the name *mara-chini*, or wood-sugar. Some varieties of it are poisonous until well soaked in water, in which the poison dissolves; after this it is safe to eat. Owing to the ease with which tapioca grows and the fact that it can be persuaded to flourish on land which is little use for any other crop, and which is therefore of very little value in the market, tapioca has become the staple food of the poorer people in Travancore, especially the very poor, who cannot afford to buy rice.

There are various ways of cooking it, but after being soaked it is usually boiled and eaten as a kind of white pulp, almost tasteless, and so supremely dull that you have to be extremely hungry to relish it at all. The poor people who eat it cannot afford curries or other accessories except in extremely small quantities, which make up for their exiguous quantity by being very potent in flavour and therefore irritant to the stomach. Tapioca eaters are very apt to suffer from constipation, sometimes to an extreme degree. I have known 3 ounces of Epsom salts have no effect whatever in some of these people. Moreover, owing to the

poorness of the tapioca diet in accessory foodstuffs, vitamins, protein or fat, especially in vitamin A, this class of people are prone to get gastric and duodenal ulcer to an almost incredible extent. Duodenal ulcer is, in fact, 600 times as common in Travancore as it is in the Punjab, where a well-balanced diet is eaten.

The disease usually starts about the age of twenty, and gradually the ulcer progresses until, after a year or two, the patient has continual pain, relieved by food for a short time, but coming on as soon as the acidity of the stomach asserts itself, some two hours or less after meals. For some years the pain increases, and almost every day I see sufferers rolling about in agony at the times when they are hungry. Poor chaps, they cannot afford to be constantly munching at some food which would relieve their pain; soda may relieve them for a time, but in the end calls forth increased acidity of the stomach, and the pain gets still worse, until many of these patients carry on a miserable existence. At least twelve or fifteen men suffer from it to each woman; the breadwinner of the family is the one that has this misery of inevitable pain continually dogging his existence and often preventing him from doing his work. Finally, the ulcer heals, and then usually forms a scar at the pylorus, the lower end of the stomach, which constricts the outlet, so that food taken into the stomach cannot pass on to the intestine, and the stomach undergoes the agony of griping pain in trying to force the food on through the narrow opening of the pylorus. The pain then comes on immediately after food, and lasts longer and is more severe than it was before. At last the poor old stomach gives up the unequal contest, and dilates, getting larger and larger, unable now to pass any solid food at all, so that every meal is vomited, and the patient gets thinner and thinner, while the stomach may be so

big as to fill almost the whole abdomen. Before this stage is reached, the patient may have had twenty years of a painful and miserable existence, ending up as a living skeleton prone to fall victim to the next epidemic of cholera or typhoid.

From the point of view of the surgical missionary, duodenal ulcer is a most satisfactory disease to treat. A single operation (called gastro-enterostomy), by which the food is diverted from the stomach into the intestine so as not to pass over the ulcer at all, is usually sufficient to relieve the pain completely and restore the man to approximately normal health. Every year at Neyyoor we do about 300 operations of this nature, and in some ways they constitute our most worth-while work. There are few things in life more satisfactory than being able to take a man who is in pain and misery, giving him an anæsthetic, performing in twenty minutes or so an easy operation, and knowing that within a month he will be back in his village, free from pain, able to eat his ordinary food in moderate quantity, able to do his work and become once more a useful citizen, a happy man, a worker in support of his starving family. If Neyyoor did no other surgical work at all than dealing with these duodenal ulcer cases, it would be worth while to carry on the Hospital here and would justify all the money and time that is spent on our work.

For many years these cases were always diagnosed as "dyspepsia" and given medical treatment, alkaline mixtures, etc., which at best only give temporary relief. In 1912 Dr. Pugh arrived, and soon saw that the cases showed definite ulcer of the duodenum, as far as could be gathered from the symptoms. If this was the case, they should be treated by operation. But medical opinion was against this.

Dyspepsia was a medical disease. Besides, would not the ulcers, even if they were shown to exist, heal up

in time under medical treatment? Pugh knew that the dieting and care necessary to bring healing was altogether impracticable in the case of the Indian villager, to whom "food" means "rice and curry," or, for the very poor, tapioca; not the milk puddings and custards and cornflour of the gastric case's diet. So, in defiance of his medical colleagues, he operated on a case. He took, I believe, three and a half hours;[1] but he found the ulcer as he expected, and did the first gastro-enterostomy to be performed in India. The case was successful; the patient was radiant, free from pain at last; the expert medical opinion was silenced. By 1919 forty of these operations were being done every year by Dr. Pugh. By 1923, when I joined Pugh at Neyyoor, eighty "gastros," as we call them, were done in the year. Now we do 300 here, and another 100 or so at Kundara every year. Since Pugh started in 1914, nearly 4,000 cases of duodenal ulcer have found relief from pain by the surgical treatment of Neyyoor and its branches. Some of our Indian doctors now do this operation regularly and with skill, and in spite of the fact that at several of the Government hospitals in Travancore many cases are dealt with, some hundreds every year being operated upon at Trivandrum alone, yet our numbers are still on the increase.

There must have been several thousands of people now living in Travancore, walking, working, happy and free from pain, because Pugh in 1914 had the sense to see that they were cases of duodenal ulcer, and the courage to operate upon them in defiance of current medical opinion. A year or two later Major Bradfield, as he was then, now Director-General of Medical Services in India, had the same difficulty in explaining

[1] When I joined him in 1923 he was doing this operation in thirty-five minutes. Sometimes we do it now in seventeen, including the removal of the appendix.

to his medical colleagues in Madras General Hospital that he should operate on these "dyspepsia" cases. They would not agree; but in the end Bradfield had his way, and within a short time all these duodenal ulcer patients were sent to the surgical side; at Madras now hundreds of gastro-enterostomies are being done each year, many of them cases from Travancore. Here is an extract from Pugh's report for Neyyoor Hospital in 1923:

"Gastro-enterostomy has now become one of our commonest operations, and at the same time it is one of the most satisfactory. Almost without exception the patients are surprised and delighted by the complete relief it brings them."

In more recent years we have felt that some of these duodenal ulcer cases show such extremely high acidity that they can only be cured by the removal of half at least of the stomach, after the method of Finsterer of Vienna. This has been done in many scores of cases, but it is a severer and more lengthy operation than gastro-enterostomy, and is therefore only justified in suitable cases with very high acidity as proved by a gastric analysis. (Every one of our gastric patients has a full fractional test meal performed before operation.) Later examination of cases operated by gastrectomy have shown that the acidity sometimes rises again to a high level, and in one or two cases a second ulcer has developed. We therefore perform gastrectomy, but seldom nowadays; last year I only did about twenty, as against 350 gastro-enterostomies. The shorter operation is so nearly as good as the other, and so much quicker to do (twenty minutes as against fifty) that we subject very few patients nowadays to the increased risk of gastrectomy.

To sum up; medical treatment with dieting is almost a hopeless task in the case of the Indian villager. Gastro-enterostomy is the operation of choice for

over 90 per cent. of our cases, and is very satisfactory. On one occasion an old patient on whom I had performed this operation came along to see me several years later. "Well," I said, "what is wrong?"

"Oh, nothing's wrong; I feel perfectly well. But I have four brothers all with this disease, and I have brought them all along to have the same operation."

They were duly operated upon, and all went home beaming with joy and free from pain. This incident gives an idea of the extreme frequency of duodenal ulcer in Travancore. In fact, we have dealt with so many cases of it in Travancore that when I went a few years ago to Vienna to see Finsterer (the greatest authority on stomach surgery in Europe), I was surprised to find that he had done fewer operations on the stomach than I had; and he was no less surprised to meet someone who had dealt with a larger number of duodenal ulcer cases than he had himself. It is a real privilege to be able to use the knowledge that God has given us, to bring health to so many whose life is full of suffering, misery, and often even of despair; and to be able to send them home in three weeks' time happy and free from pain. We trust, too, that they have been treated in our Hospital in such a way that they may have seen something of the Love of God which so many of them have never realised before, and of which the religion they see in their village tells them nothing at all. We often tell them on saying "Good-bye" not to thank us (which they often do, rather effusively!) but rather to thank God who sent us and to whom they really owe their cure.

CHAPTER X

TOBACCO

RICE and tapioca represent the greater part of the farming activities of Travancore, and tobacco hardly grows in the country at all. Many—probably most—Travancoreans are non-smokers. Yet tobacco affects almost all of them, and gives us even more hospital work to do than do rice and tapioca, with their hookworm and duodenal ulcer. How is that? The reason is that nearly every man and woman in Travancore chews a mixture of areca nut, betel leaf, lime and tobacco, and that the tobacco in this "quid" is the prime cause of their most disastrous and terrible disease—cancer.

Many days of operations in Neyyoor have been entirely spent in dealing with cancer. Last year we did 700 operations for cancer of the mouth alone, to say nothing of those performed for cancer in other situations. Those cases of cancer of the mouth, together with many hundreds more every year which come to us so tragically late that we can do nothing for them except to send them home to die, represent in our little corner of India a tenth, perhaps, of the fell results of putting tobacco with your betel nut when you chew it. All over India the nut, leaf and lime are chewed. From the snows of the Himalaya to the rocks of Cape Comorin, the Indian is chewing his betel every day, and sometimes all day long. Yet cancer of the mouth is not remarkably common in many parts of India. But come down south to Madras or Cochin, or to Ceylon, and you will find that cancer

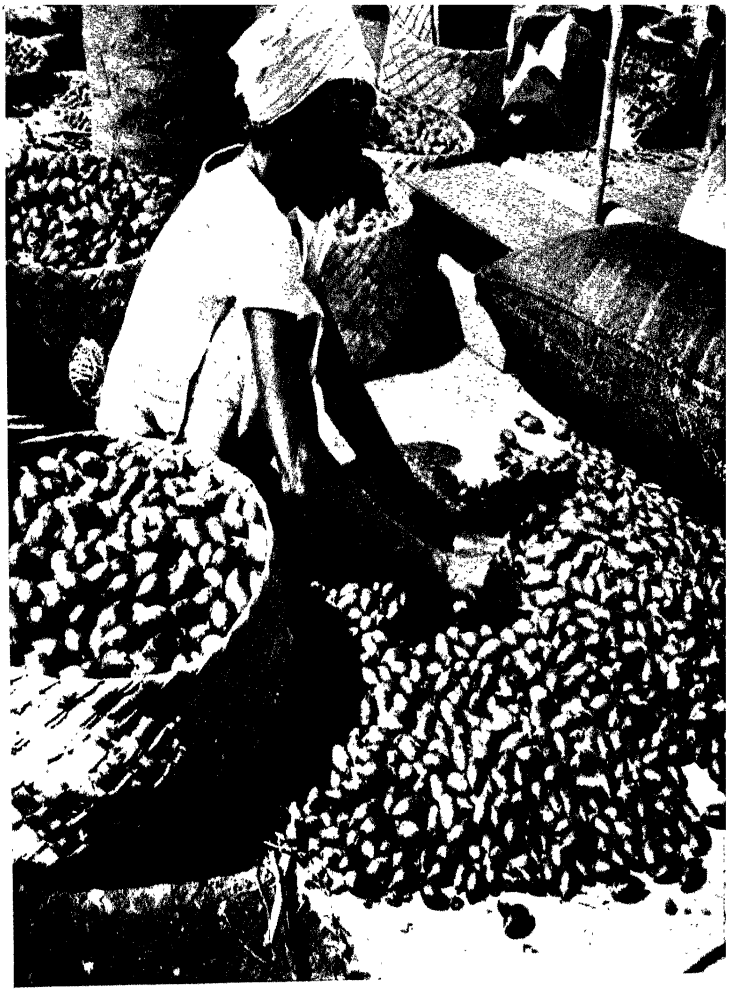
of the mouth is a deplorably common disease, and is taking a toll of thousands of lives every year.

To die of cancer is bad enough, but to succumb to cancer of the mouth is to die one of the most unpleasant deaths it is possible to have. Sometimes, on being told that we can't do anything for them, the patients will produce some money, thinking that if we are paid we will take more trouble and try to cure them. Poor things, we can't blame them for this. It is the custom of the East, I fear. A doctor will say he can't treat the case, but when some money is offered (what the doctor is really after) he is prepared to take it on. But this is not the way of a Christian hospital. When we say, "Sorry, my good man, but I can't do anything for you. You have come too late," we mean it. Gradually it dawns on the poor fellow that we mean it. He *has* come too late. What tragedy!

Scarcely a day passes but we see two or three hopelessly advanced cases—and when we have to tell them that there is no hope, no treatment available, nothing to do but to go home and die, we know we are sending them to a terrible experience.

The cancer usually grows first on the cheek, where the quid of betel nut is habitually kept. If the case comes to us before the growth has extended to either of the jaws, we can usually treat it with radium, and operate on the glands of the neck to which the disease is likely to spread, and where it may already be starting. If one jaw, upper or lower, be affected not too badly, we can usually treat the case by operation, using radium to help, in case there is any part where we cannot guarantee to have got beyond the edge of the growth. Sometimes the tongue is the situation of cancer, and here again we can usually treat the case with radium, and often cure it, operating also on the glands of the neck. But when nothing can be done, the poor patient is going to have a large, rotting, septic mass in

his mouth, the gateway to his body, the part which of all others should be free from disease. His unpleasant condition makes him shunned by his friends, he finds it hard to eat any meal; by and by the jaw, invaded by the relentless growth, breaks and becomes unusable except for the softest foods. The enlarged glands may invade his throat and stop him little by little from breathing, or render it impossible for him to eat at all. Then the painful stage, when the nerves of the neck are involved, comes on. All the time since the jaw was affected there has been continual toothache, in some cases almost unbearable; and now this other pain is added. Life at this stage fortunately cannot last long; a merciful attack of pneumonia may carry off the poor sufferer, or he may gradually starve to death, friendless and hopeless. Can you wonder that whenever there is the least chance of saving a patient's life, we tell him that he must have an operation? It may cure—it may kill; and either is far preferable to the lingering death from the disease. I confess to taking on appalling cases —the sort that the surgeons in London would consider quite beyond hope—simply for this reason. If we can manage to remove the ghastly tumour with, perhaps, half the lower jaw and a piece of the upper, we may possibly be able eventually to send the patient home free from disease and pain; but a really bad case stands a good chance of dying from pneumonia after the operation, or from the actual shock of the operative procedure itself. When such a case dies, I shed no tears; I know that we have given him an end far more merciful than would have been his lot if we had never done the operation at all. Every year we operate on perhaps 100 jaws, lower or upper, and about fifteen of them die from the operation. Perhaps half the remainder recover for a period; the growth recurs after one or two years, and usually grows rapidly and leads soon to death. But in 30 or 40 per cent. of all our jaw cases we are able



ARECA NUTS AT MONDAY MARKET

Areca nuts, with tobacco, and betel leaf, prov
the people with something to chew, and t
the place of the friendly pipe or cigarette wh
we know so well.

to take the growth right away, and to send the patient back to his village fit to work, able to eat, and ready for a number of years of serene and happy old age. Yes, in spite of the high mortality of the operation, it is worth while doing it in every case, and I always feel after a few operations for cancer that I have done a good day's work, even if there are one or two funerals a few days later. The slogan "Kill or cure" is constantly met with in this surgery of cancer of the jaws. Praise God for the cures! I sometimes come across cases with half a lower jaw, quite happy and well, who were operated upon by Dr. Davidson's father twenty-five years ago, or by Dr. Pugh eighteen or twenty years ago. Hundreds of patients are walking about in Travancore to-day, and earning their living, who but for Neyyoor would have died years ago from cancer of the jaw. But praise God, too, for those for whom the surgeon's knife has brought a rapid and fairly painless death; they have been saved from a horrible end.

Such is the story of tobacco in Travancore. Many Travancoreans smoke nowadays, with no great danger to their health or physique. But a far larger number chew this hateful mixture, and reap its terrible fruit in later life.

Yet there is a strange antipathy to smoking in some parts of India. The mother of a young Indian ruler once asked my advice as to whether her son should be sent to England for his education. On the whole I advised against it. "You know, Your Highness, boys of high birth in India sometimes fail to absorb the virtues of the West, and only succeed in adopting its vices," I told her. To which she replied, "Oh, yes. It would be so terrible if he came back from England smoking, wouldn't it?" If Britain's only vice were smoking, we would be able to lift our heads higher among the nations.

On one occasion a very religious Christian man stayed

for some weeks in hospital. I met him often and talked with him; and he was very troubled with the fact that I smoke a pipe. "Put that away, my good man, and serve the Lord untrammelled by that tobacco, which is keeping you away from God." This and many similar things he said. I told him that I believed tobacco to be a gift of God that should be enjoyed, but not misused, but he seemed in his Puritan way to think that tobacco-smoking was a terrible sin. After he had gone out from hospital he continued to send me pamphlets and tracts condemning smoking. At last, after many polite answers, I told him, "My good sir, if anyone is particularly keen on finding and remedying a petty sin in other people, it very often means that they have a private vice of their own which they want to hide by finding imaginary vices in others." The shot went home; I was never bothered afterwards about tobacco and its evils!

The Indian cigarette, or *beedi*, is a little roll of tobacco leaf, lasting only a minute or two as a smoke, and of no harm if it be not inhaled. You can get over twenty of them for a penny. Some village boys smoke these and inhale them in large quantities, and do certainly injure their health. But they are exceptions, far less commonly met with than our "chain-smokers" at home. On the whole, the Indian neither smokes nor drinks, except in certain communities. But if they chew the tobacco—and that is how most of them use it—it does become to them a real source of danger. Dr. Orr carried out a long and careful research on this question of cancer, and found that it was only certain kinds of tobacco whose use was often followed by cancer. If the governments either of the states or of British India could put an embargo, or charge a prohibitive duty, on these two or three varieties of tobacco, probably in those places 50 per cent. of the cancer would in time be stamped out. But we have little hope that any governments will pay much attention to research, however

careful, performed by missionaries! We have on occasions been told so, tactfully but unmistakably. If only some official State doctor or pathologist could be persuaded to find this out, his opinion might carry more weight than that of the poor misguided missionary. Meanwhile thousands are dying a miserable death, and half of them probably need not suffer at all! Such is life —but we don't despair. Even governments will learn sense one of these days.

CHAPTER X

PALM TREES

OUR beautiful country of Travancore owes much of its fascination and a great deal of its prosperity to its palm trees. These are of several kinds, the commonest being the coconut palm, which grows all over Travancore, and the palmyra palm, which grows especially in the southern part of the country. The tall and slender areca-nut palm is cultivated in many places, and is in some ways the most beautiful of all the palm trees. These trees all have one thing in common, which deeply affects the work of our Hospital—the business end of the tree is at the top, and men and boys have got to climb up a tall and branchless stem in order to get there. And when you have, surrounding a hospital, a country in which a million or more people are daily climbing many such palm trees, you realise that accidents and broken bones are of frequent occurrence. Scarcely a day passes but some terrible smash-up is brought in, and a considerable number of our beds are occupied by patients who have fractured their limbs or back or even their skull from falling off palm trees.

As may be imagined, many of these accidents are fatal, for most of the trees are from 20 to 80 feet high, and a fall from the top usually can have but one ending.

The palmyra palm is used for the production of toddy, a kind of beer made from the fermented juice of the sap of its leaves. Coconut juice likewise can be fermented to produce a more potent variety of drink, and either of these, if distilled, yield a strong spirit known as *arrack*. The tree-climbers are in the main

PALMYRA PALM TREES NEAR NEYYO

Tree-climbing is one of the chief occupatio
Travancore, and palmyra trees, which grc
the drier parts of the country, provide the p
with toddy, fibre for brushes, cups for drin
and fuel for cooking.

members of the Nadar caste or community, and it is from this caste that the majority of our L.M.S. Christians have arisen.

The tree-climbers in Travancore usually tie their feet together by a thong made of leather or bamboo or some tough creeper. Using their knees as a lever, and pressing them outwards, the thong round their ankles acts as a fulcrum and their feet can be made to grip the tree firmly, while their hands, clasped together, take the step upwards and hold on while the feet are raised to grip the tree a foot or two higher than before. A good toddy-climber can get up a tall palm tree in an amazingly short time. Having shinned up the trunk, he seizes the stem of one of the leaves, then he pulls himself into position and squats in the top of the tree, and here cuts a slit in the frond of the leaf, from which the juice trickles into a pot which the climber fixes with string on to the frond. In a few minutes he has emptied the pots which he took up the day before into a kind of bottle slung around his shoulders. He makes more slits in the stalks and hangs up the pots to tap a fresh supply of sap. This done, and his tackle slung on to his back again, he catches hold of other leaf stems and lets himself down to the trunk of the tree, gripping it with his feet, as before, and in another minute he is standing by your side on the ground once again. If the thong breaks, he may fall from any place on the stem of the palm tree and break his arms or a leg; the greater his height at the time of the accident, the more severe the damage that is caused. Broken wrists and forearms are the commonest injury; but the back is often fractured or sometimes the femur or the skull. These cases are not easy to deal with—every surgeon knows how tricky a job it is to set a fracture properly; and when it is a case of several fractures in the same patient, all the ingenuity and resource at his disposal may have to be exercised in order that the fractures may heal up without

deformity or untoward after-effects in crippling or loss of free movement. In order to treat these cases as well as possible, I spent a fortnight at the wonderful clinic of Dr. Böhler in Vienna, the finest surgeon on the subject of fractures in the world. Since seeing his work, I have treated nearly all the toddy-climbers' fractures that we have had to deal with by encasing the broken limbs in plaster of paris, with good results. The most frequent tragedy that confronts us in these cases is that of maltreatment by the village *vaittyan* or "native doctor." Most of these dangerous individuals are untrained, ignorant and superstitious. I have even known them twist a broken leg to make the patient scream with agony, that the noise of his cries may drive the local devil away—the devil, of course, having been the cause of the fracture and inherent in it until driven out. Many of the *vaittyans* have no idea of the use of splints, and rely on medicines to straighten the limbs and heal the broken bones.

Some years ago we had a case admitted who had fractured his skull, both wrists, thigh and one tibia. By splinting, rest, careful nursing and attention, and the application of plaster to his legs, we managed to get him back to health, and all his five fractures were healed within two months, with remarkably little deformity. Several *vaittyans* from neighbouring villages came in to hospital to see this remarkable case, and asked what medicine we had given to effect such a striking cure. We told them that no medicine would do this, but splinting and plaster, careful treatment and good nursing. The medicine-men were unconvinced. We must have a medicine to have done this. Only the magic of a drug could have thwarted so efficiently the devils in the fractures. They were all certain that we used something of the sort, but that we wished to keep it secret (as they do with their own medicines). Splints and plaster were but a blind, put on by us to keep the

vaittyans off the track of finding out the magical medicine that had really done the trick.

The other day an elderly man came in, having fallen from a tree and smashed six of his ribs, a wrist, and his spine. He is still in bed, and will have to stay there for some weeks; but he is getting on very well, and is free from acute pain now, and free too from deformity. In a month or so I hope he will be able to walk out of hospital, fit and able-bodied. What a contrast to the *vaittyan's* treatment! Such a case as this would be put to lie on the floor in the darkest and dirtiest corner of the house, without splints and with his bones left to heal up, if they could, in any position, crippling him for life and destroying his wage-earning power, if, indeed, his life survived the potent mixtures of herbs that the *vaittyan* would have given him to deal with the fracture devil.

A few months ago a little boy was brought into the Hospital by his father at the point of death. He had broken his forearm, and the family had called in the local *vaittyan*. Although the village quacks do not usually make use of splints, this man had used a splint for the arm, bandaging it on so tightly as to stop the blood supply. The poor boy, after days of agony found that his whole arm was dead, and extremely septic and gangrenous. On his arrival at the Hospital, we took him to the operating room, and one of our Indian surgeons was just about to amputate the arm in order to save the boy's life when, on pulling the arm gently into a convenient position for the operation, the arm *came right off*! So rotten and mortified was the flesh, that the tissues were practically destroyed, and the arm separated at the shoulder joint. It was trimmed up a little with a knife, and the main artery was tied to prevent bleeding. The boy went back to the ward, and for days he hung between life and death. I don't think he had much pain, but he was desperately ill, poor little chap.

After a week or so he was just well enough to have the septic and dead tissues around the shoulder taken away, and I had him in the operating theatre again to do this. I took hold of his shoulder-blade, and found that this large bone was actually dead; a little pull, and the whole shoulder blade came out. More trimming up (under chloroform, of course), and once more he went back to bed, very ill. But the dead tissue had now been freely removed, and gradually the wound healed and the little boy began running about. He is now at home, minus an arm, but happy and healthy, the wound at his shoulder healed up. He still has his right arm and hand, and will I hope eventually get a job as a watcher or a gate-keeper or something of that sort. But it is a tragic case—to think that all that damage was caused by maltreatment of a simple fracture of the forearm. If only he had come to us at first! All the same, we certainly saved his life and prevented a tragedy from becoming a disaster.

I could go on for pages with similar stories, but these suffice, I hope, to show how ignorance and superstition can ruin a life, even when the injury is a trivial one; and how the Medical Mission can undo a lot of this barbarous work, and bring people back to life and health, in many cases sending them back home to their village, able to work and resume once more their dangerous but steady means of livelihood, and provide food for themselves and their families. It's great to be able to do this, but how far better if people would only come to us first, instead of using us as a last resort, after so much damage has been done.

The toddy-climbers usually go up their trees twice a day, and a good climber will be able to manage forty or fifty trees. The coconut palm climber is rather different. He may have to go up a tree every day for toddy, or only once a month for the fruit. The trees are not so high, and accidents from falling are not so

frequent as in the case of palmyra trees. But as he twists the coconuts round to loosen them, and throws them down on to the ground, those below had better look out. I have seen scores of cases of serious injury, and several of death, caused by the fall of a coconut.

It has been said that the Travancorean lives by the coconut palm. He drinks its milk and eats its flesh, builds houses with its wood and thatches them with its leaves. The copra and fibre from the nut provide Travancore with two of its chief exports. And when the Travancorean dies, the other bits of the palm tree that he hasn't used become the fuel for his funeral pyre!

Travancore is well provided with inland lakes of salt or brackish water, most of them opening to the sea by narrow channels, so that it is possible to go by boat from Cochin to Trivandrum, a distance of 130 miles, passing through spacious and beautiful lakes in the northern half of the journey, and canals as Trivandrum is approached. The scenery here is beautified by the graceful stems of coconut palms, and the edges of these lakes, or *kayals*, as they are called, are used by the people for soaking the husks of the coconuts in water. After many months of soaking, the husks are beaten with sticks, and the fibre is extracted. It is made into string and ropes of all sizes, many of the villages by the waterside being entirely occupied with various branches of the fibre or coir industry. Some folk will be seen spinning the coir into string, others twisting it into ropes, and in the seaside towns, such as Quilon, Alleppy and Colachel, there are factories where the string is woven into mats of all shapes and sizes, some of them coloured and in many cases very artistically designed. The coir industry provides employment for many thousands of people, among their number being the boatmen whose craft, called *vallams*, are sturdy barges of beautiful outline, often seen loaded up with coconut husks, and sailing with a large square sail made

of matting, glowing a lovely orange-brown in the sunlight. Three-quarters of the houses in the country are thatched with the leaves of the coconut, each leaf split down the middle and then woven into itself, as it were, so as to provide good protection from rain. The poorest of the people sometimes live in houses entirely formed of odd bits of bamboo, the walls and roof being made with these coconut leaves.

I know few districts more beautiful than the coconut-growing parts of Travancore; trees, houses and people seem to belong to one another and all make part of the simple and really lovely scenery. An hour or so after sunrise, when the colours are still soft, and the thin haze of dewy night has not yet vanished away, when the slanting rays strike like rapiers through the sharp leaves, and grey stems blaze here and there with the orange glory of the morning—that is the time to browse in a coconut grove and watch the ever-changing patterns as the sun gets up and the mist dissolves, and shadows become hard and black, and the coconut trees are still lovely with the stern beauty of tropic noon.

CHAPTER XI

OTHER TREES

ALTHOUGH Travancore is said to live on the coconut palm, in such a fertile and mountainous country there are plenty of other trees which contribute to its prosperity, as well as beautifying those parts of the scenery where the palm trees cannot grow. Foremost among these from the economic point of view are the rubber trees. Along the foot-hills is a long chain of rubber estates, ranging from 1,000-acre estates run by European firms to little affairs of 1 or 2 acres which provide a few peasants with their livelihood. Some of the big estates employ hundreds of coolies, tappers and factory and office staff; on the other hand, I know one little rubber garden in which an old man and his two sons do everything themselves. In the old days, when Neyyoor was not so busy, my wife and I fairly often went up for a few days to stay with planters. Most of the Europeans in Travancore are planters, either of rubber or tea or both; although their life is sometimes lonely, yet it is full of interest, and a few days in a rubber estate is a good relaxation from hospital work. It is good to have the society and the home life of other Britishers occasionally, and to see the point of view and share the experiences of those of one's fellow-countrymen whose interests are neither medical nor missionary. Many of our planter friends are very good to their staff, and consider the needs of their coolies and others, giving them proper medical attention, adequate housing, and a friendly smile while at work on the estate. Thus treated, the coolie will

usually respond with good work. There are others to whom coolies are simply the "labour force"—the machines to turn out the goods, with no more need of help or sympathy than a machine. "If you're kind to the devils, they'll only take advantage of it." "These chaps don't understand kindness, and it doesn't pay." I have heard such things said, and have not been surprised when, perhaps years later, I have been told of strikes and disaffection and bad returns and even serious losses on just the very estates where that sort of thing is said. But I trust there are not many like that nowadays.

The other day a planter, whom I know well as a friend and who treats his Indian labour very well, was talking to me about missionary work. "Your work is all right—in fact, it's splendid work. But I have no use for the work that —— [another missionary of Evangelistic bent] is doing. There is no sense in making these chaps Christians. They are better as they were. I employ very few Christians; the Hindus are more reliable." It so happened that one day that very week I went round the estate managed by this particular planter. Every time we met a foreman, or a clerk, or anyone in a responsible position on the estate, I asked his name—but said nothing else. Occasionally the planter would say, "He's a first-rate fellow; I'd trust him with anything," or similar remarks, to which my reply was, "Really, very glad to hear it. What's his name?" At the end of the day we had been round the whole estate and met nearly every member of his staff. The interesting thing was that, with only one exception, every clerk, foreman or person trusted with authority on that estate was a Christian. It is the fashion when European traders or planters get together, as in a club, to run down Christians and say what scoundrels they are; but there is nothing to it, as the above story shows. Even a Britisher who, unconsciously

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perhaps, prefers to appoint Christians to positions of trust on his estate, will in the club say how much better they are "before the missionaries have got hold of them." The real reason why a few of the Europeans who are here as employers of Indian labour hate mission work is this; the cardinal truth of Christianity is the value of the individual and the sacredness of personality. Consciously or unconsciously, the missionary produces in the Indian under-dog the feeling that he has a soul and a character worth saving. He is not a mere machine to be exploited, but a man to rise to higher things. Once under Christian influence, the Indian may be less exploitable by the trader or employer. Brought into contact with the idea of the brotherhood of man, he is naturally never again content to feel that he is a machine to be *made* to work, and bullied and herded and subservient to a system. The better class of European trader treats the Indian well and recognises him as a fellow-man; the worse class is typified by the wife of a Civil Servant, who once made some outrageous remark to me. I said to her: "My dear Mrs. ——, the Indian is a man, not an animal." To which she replied: "What a thing to say! How exactly like a missionary!" But to return to the planters of tea and rubber.

Some of the planters are full of the kindest consideration for their labour. Not a day passes but I get some coolie or foreman sent along to Neyyoor for our treatment, with a personal letter from the planter and the offer to pay all expenses. In long cases which require many weeks of treatment, I get frequent enquiries, offers of further help, and evidence of real interest. It would be a sad day for Travancore if the European planters were sent out of the country, for, with all his good qualities, the Indian is not as a rule capable of managing a large estate efficiently; with a few brilliant exceptions, Indian managers are unable

Somervell, T. Howard.

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to make much of an estate that is more than a few hundred acres, or even less.

As far as our hospital work is concerned, the estates, both tea and rubber, do not affect us very deeply. Certain planters have subscribed generously to the Medical Mission and many of them send cases along for treatment, but of no special kind, except the ubiquitous malaria, which in rubber plantations is rampant, and in some of the lower tea estates, too. The higher tea gardens are immune from this pest. One group, the Kannan Devan Estates in the so-called "High Range" in the extreme north of Travancore, is situated in very beautiful country. The High Range is very like the English Lake District, which is my home, and although I cannot spare the time to go there often, I have several times visited this lovely group of estates.

A few years ago I received a telegram asking me to go at once and save the life of a young planter 200 miles away who had appendicitis. Neyyoor could be left at that time, as Dr. Orr was there and he could well cope with any emergency. So I hastily packed up the car with all necessary equipment and a couple of male nurses, and after the day's work was done I started for his estate. I knew the situation was urgent, so my driver and I took turns, and in spite of ferries and other delays we got there by early morning. The last twenty miles of road was known to be a haunt of wild elephants, but although we were constantly prepared to stop and stay still if we met one, we fortunately never saw a single elephant that night, though we passed the wreckage of a car that had tried conclusions with one a few days before. When I saw the patient, I realised that the situation was indeed desperate. The planter, a tall and finely built young man, was about as near to death as any patient I have ever seen outside the mortuary. Not daring

to operate, the doctor in charge had given some injections which by a lucky chance had, I think, just turned the scale and prolonged life for a sufficient time to await my arrival. Within an hour all was made ready for an operation, and a spinal anæsthetic was given. (I opened his abdomen, and pints of pus gushed out from it.) The appendix was rapidly removed, drainage tubes put in, and we, like Paul's fellow-mariners, "wished for the day." It was a good day, with a good God at the back of everything, and the planter is now fit and strong, and came down to Neyyoor only a month ago in perfect health to consult with me on the subject of a minor ailment. This all-night journey was rewarded not only by the saving of a life, but by three days' holiday in that lovely place, a few good mountain walks, and a delightful visit to the home of some friends who at that time were on this group of estates. Since then my wife and I have twice walked over to their house from Kodaikanal while on our hot-weather holiday, a glorious walk of four days through country of surpassing beauty. One stays in the forest bungalows on the way, and sleeps the sleep of the just on beds of dried bracken gathered from the hillside.

On another occasion I was asked by wire to go to an estate about 180 miles away in another group, to perform an urgent operation on a planter. When I arrived he was nearly dead, but the pulse at his wrist could just be felt, and life flickered in his wasted frame. But one thing was certain. Only an operation could save him. As far as I could judge, there was no choice. So at once we started preparing for the operation, and the kindly folk next door (i.e. some two miles away on the next estate) made the preparations easier and did all they could. In a few hours all was ready, and judicious injections had improved the condition of the patient so that he could, I thought, stand the

operation, provided gentleness and speed were combined in its performance. Just as I was preparing to wash up and get ready, his good wife came along to me and said, "Look here, while you are at it, can't you do the tonsils of our two little boys? The doctors say they ought to have their tonsils out, and we might as well get it all done at once, mightn't we?" Amazing woman! She could have but little idea of what she was asking. So I answered, "My dear Mrs. ——, your husband is in a desperate condition, and we are out to do a big operation to save his life. You will have to do twenty-four hours' work a day for the next few days until we can get a nurse, and twelve hours or the best part of it after that. How could you possibly look after two children, crying, miserable, in pain, and perhaps bleeding a bit, and each of them requiring a good deal of attention for two or three days after the operation? No! Emphatically no! I couldn't possibly do their tonsils until your husband is fit and well again." She was quite unconvinced. "Well, I *did* think that while you were here you might have got all three things done." Even after the operation was over, and her husband was snatched, though only by a hair's breadth, from the jaws of death, she came along again and asked me if I couldn't do just *one* of the children: "I'm sure he'll be very little trouble and make no fuss." I have often wondered if those tonsils ever were removed. The children were by that time safely housed in another bungalow by some kind neighbours, and I never saw them again.

The night after the operation I was awakened suddenly, perhaps about two or three in the morning, by a conversation. The wife had got up and gone to her husband, who was calling her. The male nurse I had brought with me was attending him at night, but had just gone off for his food, and the patient had evidently called his wife as well. I smelt trouble, got up, and went

along to where he lay. His wife was bustling about, doing some rather rich and savoury cooking operations. "What *are* you doing?" I asked her. "I told you he was only to have water for the next twenty-four hours." "Oh, he said he'd like a bit of Welsh rarebit, so I was making him some." Ye gods! Welsh rarebit for a perforated duodenal ulcer ten hours after operation! I had been roused, I believe, that night by God's Providence, and was in time, fortunately, to stop this midnight carouse which might so easily have borne fatal fruit. It is amazing how little common sense some people have!

The tea and rubber planters have done us a very good turn by building a nursing home for European patients in Neyyoor. For many years these Europeans, unused to the food and other conditions prevailing in the Hospital, had stayed in missionaries' bungalows when they were patients here. In one year my wife and I had only three weeks to ourselves in our bungalow; one or more patients were with us the whole of the rest of the time. So to our home life it is a godsend to have the European nursing home, where during the last ten years most of our patients from the Western countries have stayed. This was built by the Europeans in Travancore, very many of the planters having provided a week's pay to build it.

Among the forests bordering the tea and rubber estates there are many wild animals, and in places they are preserved. Travancore State boasts of a game warden, who incidentally is a very good friend to our Hospital—one of the most generous of men. Although the workers on tea estates live within a few miles of the haunts of panthers and tigers, cases of attack and mauling by wild animals are very rare. In some parts of India, such as Kashmir, it is usual to see some cases of bear-mauling in a hospital of any size; but in Neyyoor it is very exceptional, and I can only recollect four

or five cases in the last few years. One of them, a boy from the plains near Tinnevelly, was mauled while he, single-handed, was attacking a tiger and driving it away from the cattle of the village. The tiger bit his arm off, and he came to Neyyoor to have us bite it off a little higher up and with more careful technique than that which the tiger employed. He was a stout fellow and a very good patient, and, as far as his one arm would permit, he helped other patients during his convalescence. He was a Christian boy, and a good answer to those who would have us missionaries stay away and cease to "try to change people's religion"; he certainly showed practical Christianity in risking his life to save the cattle of his fellow-villagers, for among them he didn't own a single calf himself. He followed it up by an exemplary and unselfish life in hospital while his badly poisoned wound was being healed.

CHAPTER XII

HOUSES

HERE is a subject that deeply affects our work in the Hospital. If you ask why this should be so, the answer is in the one word *tuberculosis*.

Neyyoor has a fairly good climate for the treatment of tubercle, and we constantly have more patients with this disease than we can cope with. But they don't come from anywhere near Neyyoor. Tubercle is only found very exceptionally in the southern half of Travancore, and the reason lies in the kind of houses in which people live. The southern Travancorean builds his house in this way, to take the simplest kind of house first. Four good outside walls, with one or two solid doors (front and back), and possibly a few small, barred windows, form the main outline of the house. From these walls there slope four roofs, the lowest part of them resting on four or eight pillars of palmyra palm; thus all the roofs slope inwards to a little courtyard which is unroofed and which usually is below the level of the basement of the house. The plan is therefore that of a large square spittoon, and the house virtually consists of four verandas, always open to the outside air, yet protected from the weather. As an extension of this plan, there may be rooms built on one or more of the four sides; but almost every south Travancore house has approximately this arrangement, and the essential feature of it is that the family live the greater part of their indoor life on a veranda with plenty of fresh air. In such a house, tuberculosis is hardly ever able to gain a footing.

But come a bit further north, and you will find that the little village houses and farms are built upon a different plan. The smaller houses, where the poor people live, consist essentially of two small box-like rooms, with doors and windows which can all be shut tightly. At the end, and possibly along one side, is a small veranda. At night the people shut themselves into one of the small rooms, and close all the doors and windows to keep out snakes and insects, and incidentally every breath of air. The men sleep in one room, the women in the other. Now north and central Travancore has a higher rainfall than the southern part, but the climate on the whole is not markedly different. Yet these northern districts are riddled with tuberculosis. I believe that the reason for this is solely to be found in the housing arrangements. Again and again I have asked an early case of tubercle of the lung: "Where do you sleep at night?" The invariable answer comes: "In a room." "With door and windows shut tightly?" "Yes, tightly." "Well, go home, sleep on the veranda, and never dare to sleep in a room again. Get all the fresh air you can, and eat plenty if you can afford it; drink milk and eat fish, if you can get it." Many scores of cases have come to me later and told me that since I gave them this advice they have always slept in the veranda, and are now perfectly healthy. No medicine, no special treatment—simply fresh air and no shutting-in of the germ-laden air. In more advanced cases, we have to give medicine as well, and often take them in to hospital at Neyyoor to treat them with an approximation to sanatorium methods. But when they go home, they take with them the same instructions: "Sleep on a veranda. The snakes won't bite you, but tubercle bacilli will if you sleep indoors."

The *vaittyans* work havoc with these tubercle patients, I regret to say. They know that belladonna will stop

A BEGGAR FAMILY

There are plenty of genuine beggars; he
sham one. This boy is perfectly well, but a
festival is on, so his mother has put banda
him, and smeared his left leg with goat's
to attract the sympathy of the crowd.

a cough, and the tuberculous case comes along to the *vaittyan* and gets large doses of belladonna; his cough disappears. "Wonderful medicine! Wonderful doctor! He has cured me, and I never cough now." But wait a bit. The lungs are full of tubercle bacilli, and if the disease is to get better these must be coughed out and got rid of. The cough is stopped by belladonna, and the tubercle bacilli go on growing and thriving inside the chest. The patient gets higher and higher fever, and in a few months has reached a stage from which he can hope for no recovery. Sallow and shrunken, with rapid pulse and rotting lungs, he goes to an early grave, helped there—nay, pushed there at top speed—by the well-meaning *vaittyan* with his medicine which has stopped the cough, the one means the lungs have of getting rid of the poison that is destroying them. If a tubercle case of fairly acute nature gets into the hands of this type of *vaittyan*, his average duration of life, as far as I have studied it, is about three months. With no treatment at all, he may live six months, or one or two years. With good treatment, he stands a good chance of cure. If you have tubercle, avoid the *vaittyan*. Dr. Davidson treats our tubercle cases, and over a quarter of our medical accommodation is devoted to their treatment. Many cases arrive with the disease on one side only, and we put the bad lung at rest by artificial pneumothorax—introducing sufficient air just under the chest wall to collapse the lung. Rest is a great cure for tuberculous organs, and the healthy lung can carry on the breathing well enough if the patient is at rest in bed. Other cases have injections of solganol or one of the gold preparations which have been recently found to be the most effective of all anti-tubercular drugs. These act, not by specifically destroying the tubercle, but by stimulating the natural defences of the body against it, and we have found them very successful in suitable cases. But alas! there are many scores of

patients every year who arrive at Neyyoor with their disease so advanced that nothing can offer them any hope of recovery. This very evening I have sent away three tubercle cases to die, knowing that to keep them here under treatment will not only give them false hopes, but will occupy beds for which others are waiting who have a good chance of life and health if they stay here for their treatment. And all this tragedy of tubercle is largely because a certain section of the people of Travancore have developed faulty habits of housing.

Apart from the two general types of house just mentioned—the southern veranda type and the northern box-like variety—Travancore contains houses many and various, some of them of great beauty. The thing that strikes the visitor about these buildings more than anything else is the beauty of Travancore carpentry. Even the humblest houses often contain carved beams and rafters and decorated gable-ends, but more striking than these points of detail is the fact that all woodwork, plain or ornamental, essential or accessory, is beautifully done. Joints and dovetailing and mortises are made to fit with minute accuracy. The big wooden chests where the rice is kept are made of numerous closely fitting and highly finished planks, ornamented with taste and discretion. Even in Tibet I have never seen the carpenter's art carried to such perfection in workmanship and design. The old palace at Padmanabhapuram, the ancient residence of the Maharaja in southern Travancore, is a large, palatial building almost entirely in the Malabar style—that is to say, with plain white-washed walls surmounted by miracles of the joiner's craft in the shape of galleries, windows and roofs. There ought to be a book of fairy tales about it. One can imagine princesses confined in the topmost story of the tower room, Rapunzel letting her hair down through the wooden bars of the windows, troubadours vainly trying to scale the smooth, white

walls. And in the lovely yellow-stone temple inside the western courtyard you don't have to imagine goblins and hippogriffs, demigods and heroes—for they are there, carved in the stone, holding stone lamps in their stone hands that have lit up generations of royal worshippers, or supporting on their strong stone shoulders the massive roof. In this place there is no tasteless medley of styles, no parade of magnificence, no show of pomp and over-decoration, as are found too often in Indian palaces; but it is a real living, harmonious work of art, like the Palace of the Popes at Avignon or the mansion of Compton Winyates, comparable as a real artistic whole with very few buildings in the world.

Coming down the scale in Travancore domestic architecture, there are the numerous country houses of the landowning classes, with two or three courtyards, each surrounded by rooms large and small, whose polished floors of jet black cement reflect the spotless white clothes of the landlord and his household. Outside are the threshing-floors, and possibly one or two immense stone jars in which the copra is crushed, to produce coconut oil, by a couple of bulls going round and round harnessed to the massive wooden pestle; the whole is surrounded by a wall, protected by a little thatched roof all along its top, and a lych-gate with a finely wrought canopy of wood and thatch marks the entrance to the landlord's little kingdom of paddy land and palm trees. Another typical kind of Travancorean house is that of a Brahmin family in the streets of towns where this high-caste community lives. These houses have as their frontage the width of a single room. You enter a veranda, probably railed off from the street. Behind this is a square room, well-built and fitted with the usual neat woodwork. Then another veranda, and through this a courtyard. Two more rooms beyond this again, and a second courtyard; and at the back of all

a two-storied house with four rooms—two upstairs and two on the ground floor. Another veranda and a kitchen complete the plan; and what seemed from the front a little house of one room turns out to be a large dwelling with many rooms and courtyards and verandas, of tremendous length, but only 15 feet wide the whole way along.

Right down at the other end of the scale we see the dwellings of the very, very poor. Often they own no land, and are squatters on some odd bit of ground that seems to belong to nobody. A few bits of bamboo, a post or two taken from some ruined or deserted house, a little bit of thatch for roof and walls—that is all there is. The ground is floor, bed, table and seat. Two or three pots are there for cooking—when there is anything to cook. Some families I know have but two or three meals in a week and the other day I visited a house of this sort and saw a family of six, all half-starved and miserable, except the baby of eight months old, who was eagerly chewing a messy-looking object. "What on earth is that?" I asked. "Oh, that is part of a rat. We get a few occasionally and the baby gets a bit for himself if his mother hasn't enough milk for him."

Even in fertile Travancore we sometimes see this real grinding poverty, and at a time of famine or of a cholera epidemic it is heartrending to see a family like this laid low. Once I saw in a hut of this sort a father, mother, and two children, all dead, lying side by side on the floor, and the other two children desperately ill, but still alive. Next day I went there again, rather hoping that the poor little kids would have passed out, too; but no, they were both alive, and recovering. Thanks to the good offices of some Christians in the neighbourhood, they were looked after and fed, and they are now learning weaving and getting a little elementary education in the Bethlehem Ashram at Martandam, a home

for forty of these destitute victims of the cholera epidemic, started and kept running by a few Christian men, who realise that they are their brothers' keepers as far as they can manage to be so. May such folk continue to exist in ever-increasing numbers; for on them depend the lives and the rescue from destitution of those whose existence would otherwise be that of a pariah dog. Alas! In India there are countless thousands who have no other existence—India's beggars. They wander from place to place, congregating in immense crowds at the temple festivals or the larger markets. Many of them are disabled—crippled or blind or contorted with the effects of badly treated paralysis or neglected fractures. Many of them are lepers, turned out of their homes as unclean, with nothing to do but to wander about begging their bread, a constant menace to the community because they are themselves infectious, and spreading leprosy to other beggars, perhaps infecting whole families with the fell disease. Some of them are quite well fed, and join the beggars at a market or a festival just as a means of getting a little extra temporary support.

Some are *sannyasis*, religious mendicants who have renounced the world and live from hand to mouth on the easily-cajoled charity of their fellow-men. Others are true devotees of this wandering semi-religious life; some are simply slackers who won't stick to a job of work, and find that their rice is earned more easily by being asked for than by being worked for. Whatever be their origin, beggars are characteristic of India, where it is considered an act of merit, reaping a reward in the life to come, to give small sums to a large number of beggars. Tradition imposes that no beggar should be turned empty away. A single cash (one twenty-fifth of 1*d.*!) may be all that you give to them, or a few grains of rice, worth even less than a cash. But you must give something. From this custom arises

very naturally the class of wandering mendicant whose persistence and importunity are so evident in every Indian town. It is hard to make up one's mind as a Christian exactly what point of view one should take about the beggars. It seems harsh to send them away empty. It seems mistaken to encourage those among them who are scoundrels or who simply batten on the community instead of doing some work.

Here is an extract from my diary on the subject of beggars which may be of interest to some, though it leaves the problem completely unsolved. Perhaps it is insoluble.

Saturday—beggar day. At one time I used to give to no beggars, as, with the characteristic English point of view, I "didn't believe in encouraging them."

One day an Indian friend of mine said to me: "If I tell you something, will you be angry?" "I'll try not to be," said I. "Well," he replied, "the people of the village don't love you." I pretended not to be sorry to hear this, and said I was not out to get their love if they did not want to give it. "There is a reason," he said. "You don't give money to beggars." "Is that all?" I asked. "Yes, in other ways they like you very much, but you should give to beggars." Some months later, while leading a Bible Class with our medical men, the question of the Christian use of money came up. We agreed to compare notes as to what we each thought to be right. One of the men said, "I think we ought at least to give a tenth of our pay every month to beggars. Personally, I always do that." I confess to feeling thoroughly ashamed of myself. Admittedly, I had done a little personal charity, but only to few individuals. I always held that getting a poor man some work or helping towards the education of a boy in order to qualify him for a job were better worth while than the mere doling out of coppers to casual

vagrants and professional beggars, who abound in the East. But however sensible that point of view may be, it left the bulk of the beggars undoled, and this, to my fellow-villagers, seemed really unchristian. So I started giving to beggars, at first just to a few regular weekly comers; but last year, being alone here, I felt it wrong to refuse anyone; how am I to judge who is deserving and who is not—and, anyway, who am I to withhold a copper from one in order to give it, not to some other beggar, but to myself? So every Saturday morning I gave a *chuckram* (about two-thirds of 1*d*., but with the purchasing power of 6*d*.) to every beggar, adding an extra one if he or she had a serious disability. Not many months had elapsed—and the beggars meanwhile had grown from thirty or so to 150 or more in those few months—when I found that I was getting unpopular in the village for a very different reason. This indiscriminate charity (if such perfunctory distribution of trifles can merit the name) was attracting to the village large numbers of undesirables who were rapidly becoming a public nuisance. So I had to think the beggar problem out again. I had given to everyone because it seemed to me that, however lazy or undesirable many of them were, 1*d*. to them was a big thing, to me a small; and I had really no right to withhold it from the toughest or most rascally, to whom it meant a meal at least. But I saw, I am thankful to say, how hollow such moralising is. After distributing the pennies, one sat down on the veranda (Saturday afternoon was my only time "off" during the week) and put on a gramophone record, one of several hundreds, any one of which would support a beggar here for a month or two. Until I became really Christian and shared all my food with those who needed it, and declined to spend money on anything which was not absolutely necessary, what right had I to consider myself a charitable person? So now I give to a selected

number of beggars, and refuse to give to casuals, and to-day I've just finished doling out the cash, and am sitting in my large house, leaning, fat and well-fed, against a well-stuffed cushion, listening to Rs.5 worth of Brahms on the gramophone, lighting a cheroot, and watching the beggars go down the steps, conscious that whatever I am or I am not, I am a travesty of Him who came not to be ministered unto but to minister, and had not where to lay His head.

CHAPTER XIII

FISH

ALL along the shores of Travancore's 200-mile coast-line is a chain of fishing villages, small and large. Several hundreds of thousands of Travancoreans are engaged in fishing for their livelihood. Nearly all are Roman Catholics, the original converts among the fisher-folk having been made by the Portuguese in the sixteenth century. The mild and saintly St. Francis Xavier, by whose agency many converts were made in Malabar, would certainly have disapproved of the way in which some of the people of the coast were forcibly converted to the Catholic faith by the Portuguese. In 1532 a deputation of fisher-folk came from the regions of Cape Comorin and the south-eastern coast of India to Cochin, where the Portuguese were stationed. They complained that the Mohammedans were oppressing them, and in return for Portuguese military aid promised to become Christians. The requested help was granted, and Francis Xavier, who landed in India in 1542, was sent to Cape Comorin to spread the gospel and organise churches. It is said that within a few years he had founded nearly fifty churches in this portion of the coast. He then turned his attention to Travancore, but was thwarted at first by the Rani of Travancore, then reigning at Attingal, who took fright at the increase of the Portuguese power and burned down several churches in the Cochin area. Meanwhile the Portuguese had been forcibly converting many of the fisher-people in Travancore, levying a tax if they refused to embrace

Catholicism, but though they were made into so-called Christians by the promise of military protection and other methods that could only produce, one would have thought, very nominal adherents to the Church, the influence of Xavier was such that at the time of the Rani's persecution a great many of them stood their ground and remained faithful to the Catholic religion. Such are the antecedents of the fishermen of Travancore, who still, in the main, embrace the Roman faith. In South Travancore Roman Catholicism has been almost confined to the coast-dwellers until quite recent years, when much active propaganda has been done in the interior of the country. I was talking to a priest a short time ago, and telling him how much I appreciated his friendly relations with us Protestants. His reply was: "Of course we are friendly with you. Your missionaries do the donkey-work and convert the Hindus to the Protestant faith, and then we come along and persuade your converts to join the *True* Church!"

The fishermen of Travancore go out all day, and sometimes all night, too, in their little *catamarans*,[1] which consist of four logs of wood, slightly shaped, tied together with rope at the two ends. An unsinkable craft, though by no means uncapsizable, and not exactly commodious either for the fishermen or for their catch. I have several times seen the whole day's catch, tied up in the net, swept right off the *catamaran* into the sea. It is usually quite easy to recover it, minus a few fish, perhaps, but for the most part intact. The fisher-people are on the whole healthy folk. They seldom get the duodenal ulcer which is so common a little further inland, the vitamins in the fish they so constantly eat keeping this and other diseases away.

[1] Catamaran is from the Tamil *catta* (tied) and *maram* (tree)—"tied trees," which is exactly what they are.

They are continually exposed to the weather, and are kept healthy thereby. Occasionally a sword-fish or dolphin will attack the crew of a *catamaran*, jumping out of the sea and stabbing them with its pointed beak, which in some varieties of fish is provided with hundreds of little teeth, making the wound a painful one, especially if well-meaning friends have tried to pull the fish's jaw out of the wound. The jaw usually breaks off, and sometimes patients are brought to our hospital with these barbed jaws sticking in their flesh, and we give them some chloroform and pull them out painlessly. Occasionally the fish will attack a man's abdomen, and we have had a few desperate cases in which internal damage has been done by the fish's jaw. But the cleanliness of wounds inflicted on naked skin in the clean waters of the ocean usually makes the wounds heal up surprisingly well. I remember a case being brought here with the jaw of a fish inside his abdomen and practically all the contents of the abdomen outside it, wrapped up in a somewhat dirty-looking cloth. But the wrapping-up had been done while in the boat, and the protruding intestines were thus kept in a medium of salt water, which suited them well. Within a few minutes of this patient's arrival in hospital, he was under chloroform, and the intestines were all cleaned with saline, the wound slightly enlarged with a knife, and the fish's jaw removed. Everything that ought to go inside was then put there, where it rightly belonged, and it was found that there was no actual damage to the viscera at all. The man was walking about within a few days, and fishing again within a month.

There are few jollier sights in Travancore than the return of the fishing fleet when a good breeze is bringing the boats in to the shore. They put up a triangular sail, one end of the gaff being held in a hole in the bow of the *catamaran* by a man, who acts as a mast. If a gust

of wind comes along, the mast-man at once lets down the gaff, and saves the boat from capsizing. I have seen them throw the gaff quickly into the sea if a really sudden gust of wind occurs. As the boat approaches the shore, the sail is taken in, and with paddles the crew manœuvres the boat into position just outside the breakers. A good wave is chosen, all hands paddle for dear life, to keep the boat just in advance of it, and, as the wave breaks, the *catamaran* is made to ride the surf right up on to the shore. All at once the men jump off into the sea, and turn the boat quickly so as to lie abreast of the waves; it is washed up on to the sand by a wave and at once unloaded. The net is unfurled on the shore, the fish-buyers are already there, and within a minute or two a rapid auction has taken place, the day's catch is valued and sold, and the fish are sorted out. Standing by ready for action are the coolies, with large baskets. In a few minutes the fish are packed in the baskets, the coolies set off at once at a jog trot to distribute the fish at the various markets in the district, and within an hour of the landing of the boat we in Neyyoor can buy its fish in our bazaar, although we are four miles from the sea. The man who died because he "tried to hustle the East" had better come down to Colachel or Muttam and watch the East hustling itself. The fish coolies have a separate caste of their own, and many of them run along for twenty miles or so before depositing their fish in the village market for which it is destined. In the tropics, fish goes bad pretty quickly, and you have to get a move on if your goods are to be saleable twenty miles from the coast. But this is done twice a day in many parts of Travancore. Civilisation is now creeping in, and an increasing number of fish coolies use push-bikes nowadays. When the sea is calm, the boys of the fishing villages search for crabs and sea-urchins among the rocks, and eat the latter raw, breaking their tough shell against the stones and

relishing the succulent interior. They are welcome to it. I think it looks both cruel and disgusting. Let us hope, however, that invertebrates cannot feel.

These village lads are expert swimmers, and predict very cleverly just what each wave is going to do as they run or swim about the cliffs and pools searching for these delicacies. On one occasion their experience of the sea saved the life of one of our missionaries who was in danger of drowning, being carried out by a current on a very stormy day. I was there bathing with my family just then, and I remember feeling completely helpless in the high sea that was running at that time. If I had attempted a rescue, it would simply have thrown the burden of two rescues, instead of one, on to the bystanders. But fortunately some of the fisher-boys were standing by, watching us bathing. We called to them, and they ran down at once into the sea. The boys and men formed a chain, clasping hands, and two of them got hold of the drowning person. A wave dashed over them and the victim was once more separated from help and at the mercy of the waves. At the critical moment, a heaven-sent wave broke just seaward of her, and carried her to within reach of the chain of men; the last man in the chain seized her and handed her along, and we got her safely to the shore, little worse for her narrow escape. It was one of the nearest things I have seen, and she owes her life, I think, to the village boys of Muttam. They were suitably thanked and rewarded, and I fear the profits of the toddy-shop were increased that night—for the fishermen are very keen on their toddy, and many of them spend all their spare cash in liquid refreshment. Having spent their days on the water and in it, their evenings are spent with something a bit stronger, and they sit around on the sand dunes drinking from folded up palmyra leaves until they fall asleep on the soft, warm sand, and slink off home to their village in the

early hours. I don't know that the toddy does them much harm, but it takes away a lot of their savings, and there is a good deal of poverty and hardship among the fisher-people, for which the toddy-shop is largely responsible.

CHAPTER XIV

QUACKS

IF all the doctors in Travancore were properly qualified, the Medical Mission might close down a good many of its hospitals to-morrow. But unfortunately, there is no law in the State obliging a doctor to have a registered qualification, so, although there are thousands of doctors, so called, in Travancore, by far the larger number of these are the *vaittyans* or "native physicians" whom we have already met before in these pages. Most of these dangerous people are the sons of *vaittyans*, to whom their fathers have bequeathed the knowledge of a few drugs. Their outlook is entirely Mediæval. Most of them believe in evil spirits as the cause of disease, and their idea of medicine is that it has magical powers against these special spirits. Some of their medicines are quite useful, if taken in the proper doses, of which the odds are ten to one that the *vaittyan* knows nothing at all. The majority of the *vaittyan's* drugs are harmless, as are those of the Harley Street physician. A few are extremely dangerous. But the real tragedy of the quack doctors is that they are accepted by 90 per cent. of the people as competent to diagnose and treat disease. Even those patients who resort to our hospitals, or to the Government medical service, usually do so only after trying the village quack, and probably two or three from other villages besides. In that lies the real tragedy of suffering in Travancore. Most patients, instead of first seeking the best advice, and acting upon it at a time when the disease is easily dealt with, will first try a few quacks, all of whom

promise rapid cures; finally, when the malady is desperate, they seek properly qualified advice, often too late. Even the educated people who ought to know better do this. The other day at a college in Travancore University, when I was giving a talk on the health of students, I was introduced by the Chairman as "the doctor in whom we have more confidence than any other in Travancore, and to whom most of us go as a last resort." Last, mark you! I got up at once and said, "I cannot let that remark pass. This 'last resort' business is just what I have been complaining of for years. If you really do have confidence in me, why don't you come to me as a *first* resort? You go to doctor after doctor, many of them unqualified, and when you are moribund you come along to me and expect me to snatch you out of the fire by doing some sort of magic." In my talk afterwards I stressed the importance of going to the doctor early, and to a good doctor at that. That is just what they will not do. First some household remedy is tried. Then they call in the village *vaittyan*, who diagnoses symptoms and treats them, but has not the smallest notion about disease. The case gets worse—the neighbours have heard of someone who got better after trying the treatment of a homœopathist in the next village. (Nature is very kind to us doctors, and cures most of our cases, whatever treatment we give to them. But how few are the cases in which a doctor can conscientiously say, "I have cured this.") So along to the "homœo" quack[1] they go, and he makes a different diagnosis and gives a minute dose of some drug which has no action at all (save when it is aided by faith on the part of the patient). The case still gets worse. They run up to the nearest town, go really "on the bust" and see three different qualified doctors, who prescribe three different medicines. The patient takes them all three

[1] Many spurious degrees entitled "homœopathic" are obtainable in India.

times a day, and still gets no better. At long last he comes to Neyyoor. With luck, we can do something for him, but perhaps by that time he is past the aid of any medical or surgical help.

That is the usual story, and probably that sort of thing is the history of 90 per cent. of the more serious cases I see in hospital. With regard to taking several medicines at once, an extreme case of it is that of a girl, herself the daughter of a doctor, so called, whom I was summoned to visit one day, and whom I found to be drinking seven different medicines three times a day, all given by various qualified doctors. I refused to treat the case unless the contents of all seven bottles were first poured out of the window. This was too hard a condition, and my services were not acceptable at such a price. The patient died after four days of this intensive chemistry.

In the medical world, as in other spheres of life, the average Indian is unfortunately unable to appreciate the difference between the first-rate and the third-rate. He is only too willing to accept the substitute as of equal value to the real thing. He loves a "holy man"; the orange robe of the *sannyasi* has crowds buzzing around it, regardless of whether the *sannyasi* is a humbug. If you want as a missionary to gain a following put on a cassock, and you will have people calling you "Swami" (Lord, or Master) and eating out of your hand.

In the same way, call yourself a doctor, and the simpler folk will accept you at your own valuation. A cook of mine whom I sacked years ago simply walked across the road and set up a *vaittyasalai* (medical clinic), the fact of his having for three months been my cook being an excellent qualification. Our late village pastor many years ago asked me if I would allow him to come into the Hospital and watch the dressings being done for two or three days. "Why?" I asked. "When I leave Neyyoor next year I want to set up as a doctor, and if I

have had some hospital experience (*sic*) I'll be able to do more for my patients." Permission was not granted, but the worthy gentleman has to-day got a large and fairly lucrative "practice" among his parishioners. Knowledge, none. Qualification, nil.

A certain influential man in a town where we have one of our branch hospitals goes into people's houses and persuades them to send their patients to him rather than to our Hospital. His sole qualification is an assumed knowledge of homœopathy and a board with "M.B.Homœo." at his gate. Yet he gets away with it, and has a large practice. One of our compounders, dismissed for continual peculation, set up an opposition shop to Neyyoor Hospital itself, almost opposite our gate, and held plenty of patients, whose symptoms no doubt he knew very often how to relieve; not long afterwards one of them came to me with the back of his hand sloughing off owing to an injection of salvarsan that was given in it by this ex-compounder. On another occasion seven doses of salvarsan were given intravenously in seven consecutive days to a patient, who naturally died of arsenical poisoning—and the man who did this actually claimed to be working under the auspices of the Medical Mission.

I have related elsewhere[1] how the relative of a patient in Neyyoor Hospital left the patient unattended while he toured the district giving out that he was a cancer specialist whom I had called in to treat some cases that were too difficult for me. In actual fact, he kept a coffee shop, and the mixing of the coffee was the nearest approach to mixing medicines he had ever made in his life. The tragedy is that these amateurish and self-styled doctors are accepted by the people, and the stories they tell of their prowess are believed and trusted by the gullible public. The people of India love a degree, and set great store by letters after a name.

[1] *After Everest*, Black Jacket Edition, p. 165.

Certain unscrupulous firms in America have exploited this tendency and in return for a fee will issue an examination paper, after answering which one gets a degree and diploma by post. The would-be doctor fills it in; but it does not matter how he does so, for a pass is already guaranteed and very likely before he has posted his answer to the questions a diploma is already on the way out to him bearing the letters "M.B." or even "M.D." with a little "Homœo." or "Electro-therapeutics" in very small print after it, just to keep within the law. That is, of course, provided that the firm of degree-mongers have got his money. Here is a typical advertisement before me now in an Indian paper: "University of St. George, Missouri. Diplomas in medicine and allied subjects. Write for particulars to ——, who will forward an examination paper. Pass guaranteed."

So much for the spuriously qualified doctor, who is but one of the many kinds of quacks we find practising in India, and by no means the most harmful.

The other three kinds are the hereditary village *vaittyan* to whom his father has bequeathed some secret remedies or therapeutic methods; the travelling physician (the most dangerous of all, for by the time his cases die he is off somewhere else and cannot be traced), and the more respectable Ayurvedic physician, who practises a system of medicine according to the traditional Hindu Scriptures.

The first two of these varieties of the genus doctor very often rely completely on magic and superstition for their cures, and deal with such stock-in-trade as the evil eye and familiar spirits. Their drugs are often intense irritants which drive the patients nearly wild with pain, and possibly enable them (by contrast) to forget the pain of the original disease. Sore eyes are treated with the most ghastly mixtures, the agony caused by which is supposed to drive the devil of eye

disease away. Often and often this barbarous treatment is followed by blindness. There must be thousands of poor folk in India to-day who are blind simply from the effects of "native medicine" given for a trivial complaint in the eyes which Nature, left to herself, would have cured within a week or two. Duodenal ulcer is treated by the *vaittyans* with counter-irritation in the shape of branding with hot irons or blistering with irritant drugs. The majority of our gastric cases at Neyyoor come to us with the abdomen already scarred by the *vaittyan's* activities in this line. Cancer is treated with similar drugs, which eat the cancer away in the middle, leaving intact the growing edge which is the seat of active disease, and therefore doing little to the patient except to cause him many sleepless nights of agony.

The doses employed when really useful drugs are used are very often fantastic. From time to time cases are admitted into Neyyoor Hospital who have been poisoned by the drugs administered by *vaittyans*. In most of them we cannot say what was the exact dose that was given, but on one occasion I remember finding that it had been over fifty times the lethal dose. It is no uncommon thing to have a case in Neyyoor who has at the very least ruined all chances he ever had of getting well by the excessive and continued taking of some noxious drug administered by a *vaittyan*. One of our own Indian doctors contracted leprosy not long after he joined us. We managed to get him a job at a leper home, where he could not only obtain treatment himself, but also make his life useful by treating others. But no—he wished to get cured first, and he had met a quack doctor who swore he could cure leprosy. I warned him severely, but to no effect. We heard nothing about him for some months, and then suddenly one day I was called to a house in the village. There I saw one of the most tragic sights I have ever beheld.

Lying on a bed, with all his leprous patches gone, half conscious, with no teeth left and with his mouth rotting away in the last stages of mercury and phosphorus poisoning, was this poor young man, a qualified doctor who ought to have known better. Or did he know better, and did he do it deliberately hoping to poison himself if the disease were not cured? We shall never know. As I looked at him, someone at the bedside roused him, and he looked up. Too weak to raise a hand, too far gone even to open his eyes for more than a minute or two, he gazed at me, realised who it was, and just managed to say, "*Salaam. Nan pokiren*" which means: "Good-bye. I'm going." That was the end. The *vaittyan* had won. The leprosy was cured; but the patient's life—that was finished too.

Besides the disasters he brings about from lack of knowledge of the doses of medicines, the *vaittyan* errs just as often, and more diabolically, from his belief, and his patients', in superstition.

The other day I was visiting an Indian friend of mine in the north of Travancore, when he told me a tragic story. "In this district, not far away from my farm, there is a sad case that you ought to see," he said. "A young woman, only eighteen years old, had typhoid fever. The village *vaittyan* believed that the devil of the fever resided in the eyes. So he made a paste of green chillies, and put this on her eyes. The agony of it was something terrible. She screamed with pain for several days, and when the horrible stuff was finally removed it was found that both her eyes were destroyed. One has shrivelled up and is useless and in the other she can only perceive the difference between night and day." The patient recovered from typhoid, but the eyes will never recover from the "native physician's" treatment.

Later in the day I saw the poor girl. Her face was a pitiable sight and she wore that tragic expression of

mingled suffering and despair which is seen only in people who have become blind after having experienced the gift of sight. All because of the irrational superstition of a village quack. She is a Christian woman, but how was she to tell that the doctor didn't know his business?

Many patients in hospital used a few years ago to tie a living frog round their neck, leaving it there until it died. The frog's life is supposed to go into the patient and increase his vital force. These frogs were usually kept secret from us, but we occasionally discovered them.

Perhaps some of our patients do it still. This superstition is harmless—except to the poor frog. But they are not always so. Every new-born baby should, according to the villagers' custom, be given a dose by a *vaittyan* at the age of two days. If it survives, it will be a strong child. But why run the risk? I have met educated, Christian people who were quite shocked that we did not follow this practice in Neyyoor's maternity wards!

Special times for gathering medicinal herbs, such as the new moon, and special *mantras* (incantations) to be used when remedies are taken, bring us back to the Middle Ages in Europe; but many patients set great store by the *vaittyan* who is particular about these details.

Only this evening a man came from 300 miles away with a large sarcoma of his tibia. We X-rayed his lungs, found that he had no secondary growths, and decided that an operation would save his life. But alas! the patient's relations said they could not submit to an amputation. Nothing else was possible—the growth was huge and involved the whole leg from knee to ankle. "Can't you take the growth away and leave the leg?" "No. The only thing that can save his life is to take off the leg." "Many doctors have told him that—we thought at least that *you* could save it."

Sorry. I can save his life, but not his leg." "Then we'll go." Back they went, to die rather than lose a limb. For a leg lost in this world is, many devout Hindus believe, lost also in future incarnations. Better lose a life now than be a limb short for thousands of years, perhaps.

It is not, therefore, the *vaittyan* only who is to blame for the superstitions. But no doubt he has some of his own. For instance, boring a hole in the centre of the ear is the almost invariable treatment of a hernia (rupture). Why so, I cannot imagine. Branding a scar across the forehead is the standard treatment for cataract. A blow on the chest is considered to be invariably followed by pulmonary tubercle if certain elaborate and expensive drugs, very profitable to the *vaittyan*, be not taken. Instances of these superstitions, most of them fairly harmless, could be multiplied. But are they really harmless? Anything which purports to be a cure, and in reality does nothing at all for the disease, is harmful, inasmuch as it keeps things going and allows the patient to get worse and worse, until, when the qualified doctor is called in, it may be too late to do much good.

Finally, there is the barbarous side of the *vaittyan's* treatment. The liver of a newly born first child, if a male, is prized by the quacks as of magical powers. Anyone who knows India realises the tremendous store a Hindu family sets on having a male child, especially if the first child is a male. I have come across an instance of a *vaittyan* stealing such a child at night from its mother's house, killing it, and selling its liver for a sum to his fellow-quacks—a really terrible thing to do. It cost him Rs.1,000 to bribe himself out of the clutches of "justice" (I can't resist the inverted commas). There are some *vaittyans* whose treatment is chiefly directed against the devil whom he believes has caused the injury or disease, which he exorcises by giving the

patient as much pain as possible in order that the poor victim's screams may frighten the devil away. The most barbarous variety of this system of treatment is the twisting about of fractured limbs. It is painful enough to break your leg; but just as you have survived the painful journey home, and are lying on the floor recovering from your pain, the *vaittyan* appears and twists the leg round to elicit a good loud scream and give the devil a scare. This terrible treatment is, I believe, gradually disappearing; but a few years ago it was often done in Travancore, and I fear it may still persist in some parts of India.

Splints are very seldom used for fractures by the quack doctors, and the bones are allowed to heal up (if they ever do so) in contorted and angular positions, making it quite impossible for the patient to do a day's work again. But these cases, if they come to Neyyoor, can often be set right by an orthopædic operation, and we have sent many a poor cripple home "walking and leaping and praising God" who had been made into a cripple by neglect and maltreatment. When the *vaittyan does* use a splint, he generally binds it on far too tight, and causes gangrene and death of the limb, if not of the patient too, as already described in the case of a little boy in Chapter XI. This case, by the way, is not an isolated case; I have seen scores of similar ones, with gangrene and even death caused by tight splinting. So perhaps it is as well he usually avoids the use of splints.

The more respectable type of "native physician" is the Ayurvedic doctor. His system of medicine was hoary with antiquity in the days of Galen and Hippocrates, and if so be that you are one of those people who consider that "the old is better," and who distrust new-fangled doctrines and up-to-date treatments, then by all means go to the Ayurvedic physician. You will find him polite and courtly, often a Brahmin by caste, and full of little bits of magic and incantations, mixed

up with a system of medicine that is full of rules and classifications. Just as in the ancient Greek and Egyptian systems of medicine, the body is considered to be controlled by three "humours," *vayu* or air (wind), *gapam* or phlegm, *pittam* or bile. Lack of balance between these three is considered as the root cause of disease, and in one of the ancient Hindu systems all maladies are classified in series of twelve, each set of twelve having attached to it twelve suitable drugs. It is obvious that this sort of hanky-panky, founded on tradition at least 2,000 years old, and (in the minds of many of its practitioners) not having progressed during all the centuries, provide the patient with little chance of help. As so often among the less respectable *vaittyans*, the Ayurvedic doctor's treatment is mainly the treatment of symptoms, and his attempts to get further to the root cause of disease, being founded on false hypotheses, are completely useless. For instance, the same word is used for muscular and nervous paralysis, rheumatism, arthritis of all sorts, and often even for leprosy, *vatham* covering this multitude of different conditions, the treatment of which should by no means be the same, but which are all treated similarly by many Ayurvedic doctors. The one side of medicine that the Ayurvedic men do with skill and patience, and in which they very often cause marked improvement to their cases, is the side of physical medicine—massage, manipulations, etc. I am often quite content to let my patients, if they are suitable cases, take the treatment of Ayurveda in these respects; although its foundation and premises are entirely unscientific, in practice it works out all right. After all, we Western practitioners are often much the same, are we not? We know that Nature will look after 90 per cent. of our cases, whatever we do, and on that merciful attribute of Nature depends the fact that most doctors manage to get a livelihood. So let us not be too hard on the Ayurvedic

man. To him the supreme value is the antiquity; to us it is being up-to-date. But the doctor that really does the curing for both of us is Nature.

There is, however, a real tragedy in the fact that so many people in an immense country like India trust themselves to these medicine-men, often barbarous, always superstitious and nearly always doing more harm than good to the patients. It means that in hospitals like Neyyoor and the other mission and Government hospitals we are dealing not merely with the ordinary disease and injuries of a country, but with those diseases neglected and maltreated, often to a point of hopelessness, and those injuries allowed to cause an appalling amount of unnecessary crippling and disability. The extra suffering, the blindness, the death from cancer, the rotting away of tightly splinted limbs—these and countless other things which go on because the people of the country don't know—they constitute the major tragedy of surgical work in India, but they also provide the privilege that is ours every day of bringing straightness to the crooked legs, power to the arms which cannot work, and life to the cancer case if he has not dallied too long with unqualified quacks before he sought treatment at a hospital where radium and surgery are both available.

CHAPTER XV

DOCTORS

WHILE it would be a great mistake to assume that all *vaittyans* are quacks and blackguards, while all qualified doctors are saints, yet there is a fundamental difference—or there ought to be. The registered practitioner is a man who has had a scientific education. He has been taught at every stage to ask "Why?" and to take nothing for granted. He ought to have been brought up to seek the root cause for every fact he comes across. Why has a pneumonia case a fever? "It's a devil. Let's get rid of it," says the *vaittyan*. "It's due to a lack in balance between phlegm and wind. Let's get the fever down to normal," says the Ayurvedic. The qualified doctor says: "The high temperature is Nature's reaction to the disease. The fever is therefore *not* a bad thing in itself, but often good. Careful nursing will get the case better." Common sense, the microscope, the X-ray, the test-tube—all these can be made to prove things incontrovertibly, so that much of modern medicine and surgery depends upon proved facts and observations, not on tradition or guess-work.

But having said that, it is surprising with all this modern knowledge, how little we doctors really know about our profession. Many of our patients we simply guess at. Many of our prescriptions are a shot in the dark, a blunderbuss of which some missile may find a germ or a symptom as its victim. Some at least of our operations lead to a surprise packet when we get inside. But it is something, at any rate, to save our patients from doctors who know even less than we do!

There are two things in which the Indian qualified doctor is surprisingly like his Ayurvedic brother. One is his respect for the printed word. It is a well-known fact in medicine that many statements get repeated from text-book to text-book without being verified, so that from time to time one comes across things in one's experience which definitely show text-book statements to be wrong. I very often point this sort of thing out to my Indian colleagues, but am received with incredulity. "Sir, we cannot believe that unless we see it in print. If you will get it printed we will believe it." What exactly happens to a fact when it gets printed, I never could make out. But there it is. This same reverence for printing makes many Indian doctors believe every word of the advertisements with which the medical profession is flooded every week. A fellow medical student of mine supported himself in his medical course by writing testimonials for the drug firms, signed "——, M.D.," "——, F.R.C.S.," and all that sort of thing. Even when I tell the Indian doctors about this enterprising but not strictly honest youth, they are unconvinced. The advertisements are printed. So they must be true.

The other "snag" about qualified (and other) doctors in India is just what was mentioned in the last chapter —namely, that the Indian is too apt to accept the substitute as of equal value with the real thing. The other day I was demonstrating an interesting heart case to a few doctors, one of whom I had myself passed in the Madras M.B. exam. some ten years before. This fellow put his stethoscope to his ears and put the business end of it on to the outside of the patient's clothes —a position in which nothing at all can be heard! But he said gravely, "Oh, yes. How interesting," though I know he had heard nothing of the sounds of the heart. Another Indian, after being an excellent surgical assistant at Madras for some years, went into the

mofussil (the country district in the presidency). After a few years' work there, he was visited by a friend of mine, his former chief at Madras. He was doing an operation that day for cancer of the breast. My friend told me that he did a perfectly good operation, all right down to the smallest particular, *except one*—he never painted the patient's skin with iodine or any other antiseptic!

In Neyyoor we trade in some of our drugs with hospitals on tea and rubber estates and other charitable institutions. We get every drug from its manufacturer as far as possible, and thus can guarantee purity and no adulteration, as the drugs pass through no other hands but ours. But many local shops undersell us, simply by diluting drugs. Our quinine is quinine, at 2*s.* an ounce. Someone else will sell quinine at 1*s.* 6*d.* an ounce, but it is 40 per cent. quinine and 60 per cent. starch powder. Yet many Indian doctors are perfectly happy to use the latter simply because it is cheaper, although not nearly such good value in actual quinine content. With these two exceptions, however, my Indian qualified colleagues, with whom we work in the Medical Mission, are excellent fellows, and in many ways I feel I could not have a happier or more reliable staff to work with than we have at present. Most of them have been educated at an American Mission Medical School, which has taken on too big a job in treating patients as well as educating students, and in order to do the treating properly (which it does) is only able to dish out a very second-rate medical education. For their first two years at Neyyoor we have to fill in the gaps in their knowledge, and in many ways that is rather a good thing. The British mind, it seems to me, is more rational and humane and much less categorical than the American. The Britisher trusts to clinical instinct, the American to classification. The Britisher deals with patients, the

American with cases. Thus in many ways the shortcomings of the medical school at which our men are trained is a good thing, as it enables us to implant further instruction into their minds based on the way in which we ourselves are in the habit of thinking. Some of our Indian doctors are extremely efficient, and if I had to have a serious operation there are at least four of them to whom I would be quite prepared to trust myself. The average surgical skill of these four men is, I should say, very much higher than that of the average assistant surgeon on the staff of a London hospital. They are able to perform gastrectomy, excision of the lower jaw, and similar operations with exceedingly low mortality. Although in the rush of work we have on our surgical side, I feel I have to do the majority of the operations myself, largely for the sake of speed—for we often have to get through fifteen major operations in a day—yet I like to give as many cases as possible to the Indian doctors to do, and I consider, as I believe I have said elsewhere in this book, that the best legacy a surgical missionary can leave behind him when he retires is not a crowd of cured cases or straightened limbs, but a few Indian surgeons who have had sufficient practice and knowledge of his methods to be able to carry on his work. Not everyone has surgical aptitude; some have a special liking for eyes or medicine, some are inefficient and not worth training, nor capable of carrying on. But the surgical missionary should select a few—say, three or four of his native staff—and try to impart to them all he has learned himself by his own experience, and give them practice continually in the application of these things.

Here is another fundamental difference between the quack and the qualified man. The quack keeps his secret to himself, and probably much really useful knowledge has been allowed to disappear from the

world in this way. But the qualified man is a member of a brotherhood in which it is the "done thing" to share all discoveries and experiences.

There are some who say: "Medical work is the job of the State. It should be done by Government hospitals. Medical missions had their day, no doubt, but that day is passing." To that I would reply that in a country where the ethics of the medical profession are not the Christian ethics, there will always be a call for Christian hospitals. There is or ought to be an atmosphere about a mission hospital that you will not get in any Government hospital. There is a cheerfulness and a willingness of the staff, a feeling that the patient is really going to have care taken of him. There is an indescribable friendliness in the air, an absence of officialdom, yet in a good mission hospital this is combined with as keen a sense of efficiency as any Government hospital can show. Personally I have no use for any mission hospital except a good and efficient one. Unfortunately in India the ethics of the doctors are not always very high. I am not blaming them. Why should their ethical standards be high? Are our own irreproachable? And the Indian religion has no Christian ideal in it, but a keynote too often of selfishness.

Not long ago we had in one of our private wards in Neyyoor as a patient, a lady from whom I had just removed an ovarian cyst—a tumour of fairly large size. One day I heard proceeding from her room a most appalling noise. I went along, and found a strange man there, cursing and swearing at her and her husband in voluble Tamil. He turned out to be the doctor at a Government hospital a few miles away, who had been treating her for three months by giving her an injection (at a price) every day. What the injection was, I don't know. Very likely water. But now the husband had taken this splendid source of

income away from his clutches, and we at Neyyoor had removed it. The tumour was no more—no more the fees for the injections. So the doctor had pursued his patient and tracked her down into our Hospital, and here he was, swearing at her husband for taking her away from him without his permission, furious at losing what had been an entirely unjustifiable source of income. The doctor knew that no injection in the world will cure an ovarian cyst, but he knew also that many patients are prepared to pay a few rupees a time for injections. This illuminating incident shows one of the reasons why, I believe, mission hospitals will always be needed in non-Christian countries. None of our medical men would think of behaving in the way in which this doctor behaved.

A doctor in a large town not far from here told me that if any wealthy patient (call him P.) comes to consult him—he being the chief surgeon in the place (call him S.),—the patient will, soon after returning to his house, overhear (if it can be arranged) the following conversation in the street just outside his window, carried on by two apparently casual strangers who have met there by accident. "Oh, so your wife went to Dr. R., did she? What did he do?" "Oh, he did an operation on her." "Really. Well my wife went to Dr. S. for an operation the other day." "Oh. How did she get on?" "Oh she was very bad after it. Not bad before it, you know, but after." "Oh, really, I'm sorry to hear that. Now, my wife got on splendidly under Dr. R. And he was so kind to her. She's as fit as anything now." "Oh, is she? My wife isn't. I am afraid Dr. S. really did her a lot of harm. She's never been so well since she had his treatment." And so on. This conversation, or a variant of it, extolling the virtues of R. at the expense of S., is repeated under various circumstances at P.'s business house, or in the train, or anywhere where P. happens to be in a mood

likely to listen to casual conversations. When evidence as to S.'s inefficiency and R.'s virtues have sufficiently soaked in, it is very probable that he will cancel his arrangements with S. and negotiate with R. instead.

This is one of the favourite ways in which the touting system is used. I wonder whether Harley Street has tried it. Probably it has, though I hope only in exceptional instances. In this country, I fear, it is the usual thing. In the medical schools and colleges run by the Government in such places as Madras, Calcutta, Bombay and Lahore, I am sorry to say that all the evidence goes to show that the standard of medical ethics is bound up with this system of touts, and is not by any means the Christian standard in this or in other ways.

A firm in a presidency town in India enquired about one of their employees who had been admitted into the Government hospital there. They found a certain unwillingness to give the requisite particulars about the case, the official explanation being that the man had been sent away from hospital "on request of his relations." But the firm happened to know that the man had no relations in that city. Evidently something had occurred which the hospital authorities wished to keep dark. On full enquiry being made, it was found that the patient, when it was evident that he would probably die, was bundled into a cart; the driver was told to drive about until he died and then dump him somewhere at the roadside. Thus the hospital's mortality statistics might be kept up to a decent figure. This was, I was told, quite a frequent occurrence at that hospital. Now, when you get that sort of thing done at a fairly respectable Government hospital, is there not a place for Christian mission hospitals? When you get medical men trained in a hospital like that (for this incident occurred at a hospital where there was, and still is, a medical school)

can you be surprised if some of them give spurious and unnecessary injections to patients in order to get money, and then wax wroth when we cure the patient and stop their little game?

Only the other day I heard of a surgeon in a town not so far away from here who has a very good reputation for skill—better than his reputation for ethics. He was about to operate on the son of a wealthy merchant, and insisted on the payment of a Rs.1,000 before the operation began, quite a reasonable thing to do. But half-way through the operation he regretted that he had not charged more, so he left the boy under the anæsthetic on the operating table, and went out to the relations, saying: "I am sorry, but I have found that the condition is more serious than I thought it was going to be. I shall have to do rather a bigger operation than I had planned to do, and for this extra operation I charge five hundred rupees more. I can't do it until you fetch the five hundred rupees." Until the extra money was fetched the boy was kept under the anæsthetic; then only did the operation proceed. The patient eventually died.

Most doctors with a non-Christian background will give anyone, even if unfit, a certificate of fitness for any job on receipt of a month's salary of the job in question as a fee. In spite of the shortcomings, already mentioned, as regards the quality of teaching in the medical school where our Indian doctors were trained, the school had at least a Christian background. It was based on Christ's ideals of service; it is worth anything in a doctor's training to have his ideals right. We see it reflected in the way our Indian doctors very often give really devoted service to their patients, get up at night to see how they are getting on, and, most effective of all as Christian witness, treat the poor with all the care and attention and kindness that they would show to the better-off.

It is probable that this medical school which has in the past trained our doctors is to be given up. If so, there will be no place in India where men can be trained as doctors with a Christian background. Personally I look upon this prospect as a really terrible one. The few incidents I have set down in this chapter of the sort of things that non-Christian medical education produces could be multiplied a thousandfold. There are in India at least two medical colleges for women under Christian auspices, but there are to be none at all for men. A committee has been sitting for years, ready with plans so as to get off the mark with starting a Christian hospital and college if only funds can be forthcoming; but it is an expensive thing, both as to initial cost and running expenses, and £500,000 don't grow on trees, except possibly at Cowley.

But if a Christian medical college can never be established in India, we will just have to make the best of what we have, trusting in the knowledge that the power and influence of Christ can bring Christian boys unscathed through the sordid atmosphere of a medical school where there is no Christian ethic, and where so many of the staff are on the make, and "playing their own game." May we not hope, too, that Mr. Gandhi's splendid idealism will spread to the medical colleges, for, although inferior to the teachings of Christ, it is at least superior to many of the interpretations that men have put upon Christ's teaching. The true *satyagraha*[1] puts self last, as does Christ. That is where the doctor should put himself. As Moynihan used to say, "The most important person in a consulting-room or an operating theatre is never the doctor, but always the patient."

[1] Literally "the Power of Truth," an expression much used by Mr. Gandhi's followers, denoting non-violent methods of striving to obtain the rights of man.

CHAPTER XVI

NURSES

AS I have already mentioned, the standard of nursing in Neyyoor twenty years ago was very low. The nursing profession was supposed at that time to be a disgraceful one, and it was very difficult to get a good type of man or woman to take up nursing. Much of the nursing had to be done by the relatives of the patients, and even as lately as 1923, when I arrived in Neyyoor, we had only five male and six female nurses for our eighty beds. Miss Hacker, our Nursing Superintendent, saw the need for better service in this direction, and got hold of three or four male nurses, who were a decided improvement on their predecessors. We considered it, in view of Indian social customs, too great a responsibility to have unmarried girls as nurses, even for female patients, and only widows or married women were taken. By 1925 we had ten men and eleven women as nurses for 137 beds. None of these were English-speaking, nor of very high scholastic qualifications, although some of them are most excellent nurses, and are still with us doing faithful and devoted Christian service.

In 1926 Miss Mills joined us on the nursing staff. She has been our Nursing Superintendent ever since, and has been of inestimable value to the Medical Mission. She knows intimately the characters of all the nurses, male and female, and knows where to make allowances for faults and where to drop on to shortcomings. Quietly and with consistent efficiency and a high Christian standard all the way along, she has steered our nurses

individually and collectively for fourteen years, and thousands of patients have her more than anyone else to thank for the attention shown to them and the atmosphere of friendliness in which they have been treated and healed during their stay in Neyyoor.

Miss Mills had hardly come back from the language school to help Miss Hacker in the work when Miss Hacker herself decided—much to the loss of the Medical Mission—to marry. Our hopes of having two Nursing Superintendents were thus dashed to the ground when on the point of fulfilment, but soon afterwards they were revived again by the appointment of Miss Pidcock from Australia. She carried on with Miss Mills for a number of years before leaving us (only quite recently) to do evangelistic work in Central Travancore. By degrees the standard of nursing in this hospital became higher, as Miss Mills and Miss Pidcock with an immense amount of patience, and quiet, continuous training slowly licked the raw material of Indian nurses into shape, teaching them entirely in the Tamil language. Beginning about this time, the nursing profession in India as a whole quite rapidly attained greater popularity and respectability, as the general public began to realise that in other countries it is considered to be an honourable calling. A society formed of practically all the medical missionaries of India, called the Christian Medical Association, largely contributed towards this desirable end, by introducing, as well as the older vernacular examinations, a higher set of studies and qualifications for English-speaking men and women.

Miss Mills by her assiduous working-up of the standard of our training of nurses, brought about the official recognition of Neyyoor as a training school for nurses. The result of all these facts and tendencies has been that nowadays, if we have two or three vacancies for nurses, we have anything up to fifty applicants,

many of them with a good standard of education. And the fact that well-educated Christian men and women are willing to do devoted and conscientious work in our mission hospitals for less pay than they would get in Government service is a compelling piece of Christian witness. A patient who was recently at Neyyoor Hospital, having also been a patient at a Government hospital outside Travancore, told me that he noticed a great difference between our staff and that of the other hospital. "Your staff," he said, "work well without asking for money, but the staff at the other place were continually asking for money, but did practically nothing for their patients."

A surgeon who came and stayed with me to see our work here said to me one day: "I live in a mission bungalow, although I am not a missionary, but a Government doctor. But I always called myself a Christian. I now see that my Christianity was only a formal thing—a matter of going to church and so on. Since I have seen these chaps in your hospital doing their work so well, and being so kind to the patients, and not continually asking them for tips, as they always do in the hospital where I work, I realise what it means to *be* a Christian and not merely to call yourself one." When the better-off class of patients leave the hospital, they very often give a rupee or two to the nurse, male or female, who looked after them in the ward. Now, although our rules are very strict as to the taking of money for services rendered—we absolutely prohibit anyone to say, "I'll fetch you a drink of water if you give me a few cash," or to make any service conditional on the receipt of money from patients—we do not consider that we ought to stop our nursing staff from taking a gratuity offered at the end of a patient's stay. Yet in carrying out the spirit of Christian service, some members of our staff prefer—I think, rightly—to refuse all gifts, even those offered

at the end of a patient's time in hospital. Many instances of this have come to our notice, and there is no doubt that in this country, where bribery is so rife, and where in so many spheres of life it is hard to get any services rendered without paying for them, the refusing of a present of money impresses the donor tremendously. Miss Lawrence told me only the other day of two such instances, one involving a male, the other a female nurse, occurring within a few days of each other, and of how powerful a witness for the reality of the nurse's religion they were, and how truly they impressed the patients who offered the money. In this country where preaching is so common and often so glib and, I fear, insincere or at least perfunctory, a witness like this is of far more solid worth for the cause of Christ than a hundred sermons or a score of open-air meetings. One begins to understand how it is that Mr. Mathew of Quilon, one of the most experienced evangelists in Travancore, told me one day that of all the converts he has come across from Hinduism to Christianity, every single one has first been attracted to Christ through the Medical Mission.

There is one thing that never fails to strike me about our male nurses especially—and it may apply equally, for all I know, to the female nurses, but in India it would be considered very improper if I were to be in any way familiar with them, and my relations have to be so discreetly official as to be almost aloof. But every day of my life here I work hour by hour with our Indian doctors and with the male nurses, watch them attending to their patients and see them doing their dressings, and every morning I hear one of them taking a ward service and asking God that the work of the hospital may prosper, and that they, the nurses, may be able to show something of God's love to the patients, and may walk worthy of their vocation. On Thursday evenings we all meet together in the House of Prayer

and doctors and nurses join together in united prayers, which are undoubtedly sincere and from the heart, and which express, I believe, a real desire to serve God well and to serve the patients for His sake.

And then I consider their antecedents. Most of them are ordinary village folk, coming from families of a caste which strict Hindus would consider to be untouchable; people, as we should say, of quite humble origin. If you gathered together a similar crowd of men and boys in England, from a similar community, and gave them the same job to do, as indeed we did in the casualty clearing stations and the base hospitals in the Great War, how would they compare in standards of efficiency, of reliability, of friendliness and of Christian life? The Britisher might excel in reliability, and occasionally in his efficiency, but some at least of our doctors and nurses, I should say, would come out not merely above the average, but right at the top in all four.

Although there are black sheep here and there among the flock—for a few of our nurses do take money to which by the rules of the Mission they have no right—yet these are, I know, only a minority. One whom I suspect to take money illicitly happens also to be among the kindest and most efficient in his treatment of the patients. What a dilemma! Pray for him. Personally, when I consider our Hospital staff, I cannot but feel I am in the presence of men whose lives are in very many ways so much more creditable than my own; I cannot but stand in awe of the power of God which can take the animistic, so-called "Hindu" Nadar, with his quarrelsome nature, his uncleanness, his meanness, and within a generation or two produce the loyal and devoted, upright, and clean-living men who form the bulk of our staff at Neyyoor. It is the fashion among some people to decry mission work and to affirm that it is a great mistake to cause anyone to change his

religion, that Christianity is unsuited to India, that Indian Christians are scoundrels or time-servers. If such people could stay at Neyyoor for a little while they would see the sons and grandsons of those "scoundrels and time-servers" working all day long for the sake of their fellow-men, rendering loyal and devoted service, some of them attaining a high standard of character and all the while showing true sympathy to those who are less fortunate than themselves. This is not mere missionary propaganda; nobody loathes propaganda more than I do myself; it is solid fact. One of the things that makes life so well worth living in a job such as mine is the joy of working with the cheerful and reliable staff I have got around me. It would be no joy if I merely *wished* them to be cheerful and reliable.

In 1928 the great cholera epidemic was upon us, and gave the nursing staff, as well as the rest of us, an opportunity to show what we were made of. Cholera is frightfully infectious; the patient vomits large quantities of fluid, every drop of which contains enough germs to kill a household, and then proceeds to pass immense quantities of watery motions, which are equally infectious. Sometimes several people in a house will have the disease at the same time, and at times we visited villages in which there were cholera cases in every single house in the place. Occasionally we found a whole family down with the cholera, two or three lying dead, and the rest in danger of dying unless something was done to save them. And all the time one had to bear in mind that a mere drop of the infected material in which the patient was lying, and with which the floor was often literally covered, would bring death if it entered one's lips through the slightest carelessness. But the male nurses put aside all their natural feelings of fear. Here was a job to be done—an urgent job—on which thousands of lives depended. Every day for six weeks or more we went out with a car carrying medicines and

intravenous saline apparatus as far as the roads allowed, and tramping across paddy fields and rough country, anything up to twenty miles a day, visiting village after village, house after house, the faithful nurses always ready to do whatever was required of them, whether it was a case of cleaning up a house and disinfecting it, or giving a dose to a patient too weak to give it to himself, or assisting with the intravenous saline administration. Dr. Davies also, one of our Indian doctors, did excellent and unselfish work among the cholera patients, sometimes leading a party on his own. Many days they were away from early morning until after dark, living only on plantains and coffee, for this was about the only kind of food which could be eaten without being touched by the hand, and all our hands were probably swarming with cholera germs most of the time. Sometimes we had to go on with the work after dark; the need was so appalling. The experience of inserting a cannula into the shrunken, dried-up vein of a cholera case by the light of a single wick burning in a little dish of oil is not to be forgotten; but for the late case of cholera who has lost all the fluid of the body, intravenous saline offers the only chance, and sometimes has to be repeated the next day. However, the cure of a cholera case is as dramatic as is the suddenness of its onset and its awful mortality, and perhaps more people than we ever suspected realised the true reason why we are here and got a glimpse of the Master we try to follow. As we trudged back to the car when it became too late to do any more work, the male nurses, weary in body, but with joy in their hearts, invariably sang Christian Tamil lyrics, which expressed their feelings better than anything else could have done.

When the epidemic was at its worst, we often used to run from house to house, or from village to village, to save time, so as to get more work done in the hours of daylight. This was all right for me, who had little to

carry, but what of the poor nurses with a large box containing sixteen pints of saline and many pounds of kaolin? They didn't seem to mind a bit. The man with the heaviest load was often there first. One of our senior nurses, Solomon, became so expert with the intravenous and other methods of treatment that he frequently used to go off with another nurse to a group of villages on his own, thus setting free a doctor for extra work. In this way over 2,000 cases were dealt with by the Medical Mission; there is no doubt that of these cases very many hundreds had their lives saved. And the lion's share of the work was done by the male nurses.[1] Scoundrels and time-servers!

I wish your scoffer at missions could have seen the perfunctory way in which the Government side of the same work was done in 1928, the doctor sitting in the car and crying out "Any cholera here?" from time to time. If there was any reported, he would send an orderly out to deal with it. He simply threw a few little bottles of the requisite mixture, to be caught if possible by the people, or asked them to bring their own bottles along to be filled with the mixture or with disinfecting fluid. Occasionally a little of the latter was sprinkled on the floor of an infected house. In the area in which we were working I never heard of any more than that being done. No personal visitations, no personal encouragement. No risks run. No intravenous salines. In fairness to the Government workers, however, I wish to say that on subsequent occasions in which the Government Medical Service has rendered assistance at cholera epidemics, it has been of a very much higher standard than it was in 1928, and far more use has been made of vaccines and prophylactic treatment, in addition to which there has been much more personal visitation of houses and villages off the beaten track.

[1] For a full description of this epidemic, see *After Everest*, Chapter XXIV.

By 1932 the number of our male nurses had gone up to eighteen, the female side of the staff remaining unchanged. A long-felt want was supplied at last in the opening of a Nurses' Hostel in the European nurses' compound. The nurses had previously lived in a house in the village, and the problem of their protection from amorous admirers was not without its difficulties. One such enterprising youth removed some tiles from the roof and let himself down into one of the nurses' rooms one night. I forget what happened—perhaps it is just as well. Anyway, now they have got a hostel within shouting distance of the lady missionaries. The great thing about this hostel is that we can put implicit trust in Rahel, the Matron, a loyal servant of Christ, and we can now take a good deal of responsibility for the nurses. So, instead of training only staid and elderly women, as we did previously, we can get bright young things with active minds, good education, Christian standards unspoiled by staleness, and real intelligence, to take up nursing. The female side of our nursing service has consequently improved by leaps and bounds since this hostel was opened.

At about this time Miss Riggs joined us for two years, having previously been in a hospital in Africa. She introduced several improvements in our efficiency, of which two are outstanding, though in recording them one wonders why they had not been introduced before. Briefly, they are washing and games! In India it has long been the custom that people who are ill should not be washed. As they recover from their disease, one of the first questions that they ask the doctor is, "May I wash now?" With true British refusal to interfere with the accepted traditions of others, we had foregone our traditional English love of a cold bath, and had been content to let our patients remain dirty. Miss Riggs thought this was dreadful, and after a good deal of tentative work such as weekly washes, and so on, she

finally took the plunge—and ordered the nurses to wash every patient every day. There was an outcry. The patients said they would die. Some of them did so. Others tried to, but couldn't bring it off. Some actually felt better! Miss Riggs was a strong-minded woman, and she won. The patients have been washed ever since, and are probably all the better, and certainly all the pleasanter, for it.

This washing business meant extra work. Therefore the nursing staff must have extra play. And Miss Riggs conferred a boon on Neyyoor that will never be forgotten when she insisted that the male nurses must play games. The western end of the compound was soon converted into tennis and badminton courts, a games club was formed, and every nurse, as well as having his usual off-duty time, was, and still is, given an hour in the evening definitely for the purpose of playing games. Miss Riggs has now gone on to apply Neyyoor methods to the most up-to-date hospital in India's capital city. What Neyyoor thinks to-day, Delhi will think to-morrow.

In 1934 a Sunday Bible Class was started by the nurses themselves. It usually takes the form of a discussion, and one of the nurses reads a paper, after which others give their opinions about it or discuss points raised in their minds. For some months the Hospital Evangelist, Mr. Ponmony, has been taking the class for the male nurses, as they felt they had expressed their own opinions often enough, and would like to have the official view. I hope they will soon go back to their own opinions again. It is better to pluck fruit than to be spoon-fed.

In 1936 Miss Lawrence left the European Nursing Home to take up nursing in the main Hospital, and Miss Hewitt came to work at the Nursing Home. The London Hospital training with which Miss Lawrence was originally equipped, added to eight years'

experience of India and to her friendship with so many of the Indian people, made it a very bright day for Neyyoor Hospital when she joined us as a full-time Nursing Superintendent. She is one of the hardest workers I have ever met, and I am in constant trepidation lest her not over-strong frame will break down under the tremendous demands she puts upon it. So far it has just managed to stand the strain, but only just, as, in addition to a colossal amount of actual nursing work in hospital, she has had much responsibility in training young nurses. For the numbers of Indian nurses has gradually increased of late years, as accommodation has increased with the building of the large medical ward in Neyyoor and of the Kundara Hospital, which requires five men and five women at the least to do its nursing services properly. In Neyyoor we usually have about twenty-five male and nearly as many female nurses, of whom about half are in process of training.

We have already begun to send well-qualified, fully trained nurses of both sexes to the branch hospitals, together with provision for far better nursing than we have been content with hitherto. We feel increasingly that the quality of work we do, and the chance we give to our patients to recover quickly from their ailments, depends very materially on the comfort and attention that we can give them while they are in our hospitals. For many years now we have insisted on a high standard of nursing for Neyyoor. The other hospitals are just as much part of God's work, and must therefore be equipped and administered in a manner more worthy of Him for whose sake the work is done.

CHAPTER XVII

WOMEN, BABIES AND ORPHANS

"MAKE way! Make way!" Men must look the other way, for the motor car just coming into the hospital compound is draped around with pieces of cotton cloth, and there must be an important woman inside. Only the Mohammedans and certain of the Hindu upper classes in Travancore practise the purdah system, and not by any means all of them do it nowadays. But here is the car, stopping at the door of one of our private wards. The cloths are now skilfully manœuvred so as to continue to surround the great lady, lest the eye of sinful man should see any part of her secluded frame while she steps out of the car or is carried across the veranda into the ward. Once inside the doors and shutters, she is safe, and after depositing her cooking utensils and a couple of servants, the car goes away, its drapery needed no longer, and someone runs off to ask Miss Thompson to come along and deal with the patient.

Before we built our Women's Hospital in 1924–5, we were unable to do more than touch the fringe of the suffering that we knew existed among the womenfolk in this part of India. A few of the better-off women, whose families practised the purdah system, would find their way into our private wards; but while our women's department was close to the public road, a great many women patients would never think of coming to such a place. Until Dr. Pugh left Neyyoor, I never attended a woman patient, for I was unmarried when I arrived, and only he could do so with propriety; even after my

marriage his seniority gave him the prior claim, as was only right. But when our women's hospital got into working order, and a man stationed at the gate kept men out, our women's work progressed a good deal, and Dr. Manuel, who was in charge of it, performed his duties very efficiently. By virtue of having looked after the women's side for a good many years, he was acceptable to the patients. But we were handicapped seriously until we got hold of a woman doctor, which was not until 1929. Our report for that year records that several Mohammedan women visited the hospital and had operations done—"an almost unheard-of event." Since that time we have had a succession of Indian lady doctors, and for a short time there were as many as three at once in our Medical Mission.

The time is now past, I fully believe, when our treatment of women was thoroughly inadequate. But it is doubtful if it will ever be really what it ought to be, and the reason for that lies not with us, but with the social customs of the people. Although Travancore is among the more go-ahead of the Indian States, and in the education of women is, I believe, ahead of any of them, yet there is a strange, conservative attitude of mind among the people, or a large section of them.

The young girls in most communities live a fairly secluded life. They go to school, as a general rule, but on their return home are usually confined to the house, and are never allowed out under any circumstances unless accompanied by some responsible person or by a number of other girls. After puberty is reached, restriction is cast-iron in its firmness until the girl is married. Then she is just as restricted as ever, except when her husband chooses to take her out, and her duty after marriage is to look after the house and cook the food, so she naturally stays at home and indoors and goes out very little. Later her children become a tie, and household duties also increase, so throughout

her life her tendency is to be confined, at first by other people, and later by circumstances and by choice, to the house.

The men-folk, on the other hand, lead a much more free-and-easy life. At a temple festival or a devil dance you will see ten men for every woman. A marriage feast is almost entirely a man's affair. Congress meetings and similar political delights, attended largely as a means of passing the time, and perhaps in the hope of a little excitement in the shape of a brush with the police, are usually entirely patronised by the men. While the girls walk straight home from school chaperoned by a teacher or keeping one another company, the boys dawdle along or stray about, and don't turn up until hunger reminds them that there is a free meal at home. Go to a cinema or drama, and you will see fifty women in their special enclosure and 1,000 men and boys outside it. So it is with injury and disease. For the smaller and more trivial ailments, the boys and men will walk along to a hospital, but the women-folk will have to carry on at home as best they can. If a girl gets something more serious, then the men will sit up and take notice and make arrangements for the patient to go along to a doctor or a hospital—no doubt after trying the village *vaittyan* first.

So it is that we find that in Neyyoor we have 150 beds for men, and fifty for women. As far as we know, men and women get cancer about equally, for both chew betel nut and tobacco as an almost universal habit. But we usually have twice as many men in our cancer wards as we have women. A good deal of the neglect of disease among the women is not due, therefore, to ourselves, to our lack of seclusion, or our lack of lady doctors, but simply to the habit of women being confined to the house. In most communities, a very serious condition will always find its way to hospital.

But it is terrible to think of the awful suffering which must be going on in India, and in all Mohammedan countries too, where no doctor of any sort is permitted to see, much less to examine or treat, the patient. Some of the Mohammedans in the adjacent parts of India are fairly free and easy, and I have frequently examined and treated them. But there is a large village near Neyyoor where I have only once personally seen a female patient—and then too late to do any good, when the damage had already been done. On that occasion our European nurse had been called in, saw the gravity of the condition and told the husband that he must get me along. We had no Indian lady doctor at that time, and knew of none less than thirty miles away. The man refused. Next day our nurse was again summoned. Once more she said, "You *must* call in Dr. Somervell." Again he refused. On the following day things got a bit desperate and he sent for us both. I entered a large and airy, well-built room, the abode of the husband and any male visitors he had staying with him. We passed through this and into a little court-yard, 2 yards wide and perhaps 24 feet long. Off this opened four little rooms, each 5 feet by 5 feet, with no windows, and doors so low that one had to stoop, the roof being only just above the top of the door. The three wives were here, one in each room. There they had been ever since they had been married, the fourth room being for the two or three young children they had produced between them. The patient was in one of these rooms, lying on a truckle-bed, her head touching one wall while her feet were up against the other. Before I went into this little cupboard where the poor thing was immured for life, I saw two eyes, one in each of the other doorways, peering round the jamb of the door at the only man they had seen except their husband since their incarceration. Well, as I say, the trouble was done; I couldn't do much for her without

taking her into hospital, and I knew they would never allow that. Still, she was not in great pain, poor little thing, and I hope she recovered in time. Nature is a great healer, and her disease was one of those which Nature heals, though she may have ended up slightly lame. But if that was my life, I would choose death. Think, oh, think of the millions of women in the East, the hot, stifling East—Persia and Arabia are far hotter than south India—where that is so often the fate of womankind. A dark, unventilated box of 5 feet cube in a hot climate, and nobody to see or to talk to except one man and two women, and possibly an occasional lady visitor or a few little children. And then a baby comes along, and there is some delay in the labour. The midwife uses her barbarous and superstitious methods—I once described them at a public meeting, and two people were sick—and they are of no avail. Send for the doctor? Not on your life. Only last week a typical Mohammedan, in many respects a perfectly decent and reasonable man, said to me, "I would rather my wife died in agony than that any man should touch her skin." That is the power of custom. It seems to us completely unreasonable, but to him it is something fundamental. Life has been built up by the Mohammedan on the principle that woman is man's possession—not his chattel, but his sacred and inviolable possession—so that he would prefer to lose it altogether than that anything so sacred to him should be touched by anybody else. A tragic business. In this Gilbertian land, a sense of humour and the ability to roar with laughter at things which might make some people go "off the deep end" are two of the essentials of a missionary's mental equipment if he is to keep his reason. But this question of Mohammedan women has always seemed to me to be one of unrelieved tragedy. However you look at it, even though you see it as grotesque, it is like Petrouchka, the high tragedy of

the ballet; if you see it as picturesque, it is like Gustave Doré, devoid of art and full only of gruesomeness. What a pity that Islam, with our Old Testament, and the One God, and the Equality of Mankind, should be responsible for this awful thing. But I have hopes. In parts of India this terrible strictness is relaxing its hold, and we may yet see the day when the poor little frightened mice in their 5-foot holes may be liberated and enjoy God's good world—Allah's good world—outside.

Think, too, of the disease which such pent-up seclusion actually causes. In north India, where the purdah system is so much more the general rule than it is in the south, the zenanas are riddled with tuberculosis, which, of course, is apt to spread to the men as well; and as for the women themselves, the deforming bone-disease known as osteomalacia is appallingly common, and takes a terrible toll of painful death at the time of childbirth. Until enlightenment comes, north India will always be in tremendous need of lady missionary doctors.

Another way in which local custom interferes, as it were, with our work in hospital, is the question of childbirth. It is an invariable rule that the woman must have her first baby, and in some communities all of them, in her mother's house. This applies to all castes and religions. One of our most sensible medical men the other day let his wife go off to her mother's home for her labour. It was likely to be a difficult case, and I urged him to let her stay here. "Why send her away from a large and well-equipped hospital to (if you'll excuse my saying it) a dirty private house in a village?" "Sir, it is our custom"—a sufficient answer in India to justify anything. "Well," I said, "if anything happens, I am *not* going to come along to help her." She went; and sure enough a difficulty did occur. A note arrived, and I thought: "Now, if I go, I'm a fool.

If I don't go I am a beast. We are asked to be fools for Christ's sake. Are we asked to be beasts for Christ's sake?" I couldn't remember such a passage in my Bible. "For thy sake we are killed all the day long" might apply to a beast in the arena—but that was stretching a point. "I'll be a fool." And I went, and dealt with the case; but I gave our friend a first-rate telling-off!

This story just shows how ingrained is the custom of having the labour in a particular house, and therefore not in hospital. Now, for our own peace of mind, and considering our over-worked condition, we have no particular desire to crowd our maternity department with normal labours. On the other hand, we know that the methods employed in the village houses are anything but ideal. For months all the dirty, torn old rags of the household are put aside into the darkest corner of the dirtiest room of the house to wait for the labour, when they will be requisitioned. It is in this darkest, dirtiest room itself that the labour will usually take place. A qualified midwife may be sent for, but may be unable to get any boiled water even to wash her hands in, and it is far more likely that a *dai* or quack midwife—female counterpart of the *vaittyan*—will be employed. In superstitious Hindu families where the exact time of birth is important in order to secure a good horoscope, the local *pusari*, or priest, may persuade the *dai* to delay the birth until the stars are right, which she does by sitting the mother up on the mud floor and getting a heavy, strong man to sit with all his weight on her shoulders until the stars are propitious. This statement is not hearsay. I have actually entered a house and seen it being done. On the other hand, she may be called upon to hurry things up, which she does by standing and jumping on the poor woman's abdomen and hoping thereby to aid efforts of Nature to get rid of the child. Not

very pleasant for the poor mother, and by no means confined to Hindu *dais* in search of a good horoscope.

A Christian student of good family told me the other day that he had seen the native midwife do this to his own mother for her last four labours, and he thought it was always done as a routine!

There is another point. The Indian midwife, trained or untrained, is always apt to be inquisitive as to how things are getting on; so are the family. And she doesn't always wash her hands as well as she ought. So sepsis after labour in the Indian village is not exactly unknown. The other day a man came and asked me to come and see his wife, who had had a baby four days before. "What's the matter?" I asked.

"She has a normal temperature," he said. "I've never heard of that happening before. There must be something wrong. Could you come and put it right?"

So now you can see why we feel that we ought to have far more normal labours under our control, either in hospital, or attended by our own fully-trained midwives, who, if any complication does occur, can spot it quickly and get the case brought straight away to hospital.

There is another point, too, about having labour cases done in hospital. We have to train midwives, and as they must therefore see cases for themselves, that is far better done in hospital where they can be instructed by fully-qualified doctors, rather than by letting them go out to houses and receive instruction only from newly passed midwives with little more experience than they have themselves. We are just about to double our maternity accommodation, and to build a new labour-room, and we very much hope, now that Dr. Joan Thompson is working in Neyyoor and has started an ante-natal clinic, that this side of our work will increase tremendously; the suffering and disease

that are undergone quite unnecessarily by bad midwifery are appalling, and it would be great if within a few years we could practically stamp it out in our little corner of India.

In addition to our Women's Hospital, there is one special building in Neyyoor which is almost entirely concerned with girls—and that is our orphanage, where a happy family of fifteen or twenty girls (occasionally with a few small boys also) are living in a peaceful little garden and attending the Girls' School in our mission compound. The orphanage is primarily for the untainted children of leper parents.

For one of the problems that have got to be solved in connection with work among lepers is the question of the children. There are a good many children in our leper homes; if mother or father, or perhaps both, live as infectious lepers in a house with their children, the poor little kids are almost doomed to become lepers themselves.

Children seem to catch leprosy easily, and one of the chief functions of a home in which lepers are isolated is the salvation of their boys and girls from the almost inevitable infection, by the isolation of the parents. But something must be done for the children. They may be lucky enough to have relations, free from leprosy, who are kind and will give them a home while their parents are getting treatment—perhaps cure—in our leper homes. But in many cases the children have nowhere to go in these circumstances. It is therefore the bounden duty of any Christian leper institution to look after the untainted children of leper parents. And so for many years we have had in Neyyoor an orphanage for these children. My wife's greatest contribution, perhaps, to the work at Neyyoor is her management of the orphanage.

Nearly all the children are girls, for it is they especially who need looking after and who present a

real social and moral problem if they have to be left at home. But we usually have a few little boys as well; at the age of eight or so they have to go to other orphanages, such as one run by an Indian pastor near the seaside not far from Neyyoor, where they learn weaving or some other industry and are equipped for useful life in the community. But the girls very often have to stay in the orphanage until they are old enough to get married.

They have a very happy life in their little compound close to our bungalow, and the real mother-love that my wife feels for them is repaid by their smiling faces and happy ways.

Poor little things; the homes some of them have come from are pretty terrible. My wife went to one of them the other day and found that the uncle in whose house they were living was so desperately poor that he himself was half-starved, and the two little girls very often went for two or three days without a meal. One of these girls is a bright little thing, doing quite well at school and playing around with the other children in the orphanage, so happy and contented; while her poor little sister is kept at the uncle's "home," if a hut made of bamboo and coconut leaves can be called a home, in order to do the house-work.

There cannot be much work, one would think, in a one-roomed house like that, with never more than one meal in the day. But there it is; for some inexplicable reason the family want the younger sister, and occasionally turn up at Neyyoor, when they can get a free ride in a bullock-cart coming to the weekly market, just to make sure that the elder girl is still here and not (as the neighbours have told them to suspect) sent off to England for some purpose unexplained, but no doubt sinister.

Most of the girls at the orphanage have left tragedy behind them in their home—the tragedy caused by

neglected disease and lives blighted on the very threshold. Some of them may have tragedy to return to; but we hope that, by the time that is to be, they will have become servants of the living Christ, and will be able to find how His companionship turns tragedy into joy.

The matron of the orphanage, a kind and really Christian woman, keeps the children happy and well-fed, and provides them with a Christian background to their life.

But, though I say it who shouldn't, I always consider that my wife is the real life and soul of the orphanage. She constantly visits it, and the children are continually in our garden, playing games or collecting fuel from the trees, or having a little meeting where my wife gives them simple and suitable hints about the things that really make life worth living.

And we hope that from this little orphanage there may come rays of light and of happiness into dark places here and there throughout Travancore. As these girls get married and set up their own homes in the villages near and far, surely some reflections of the Christ whom they have learned to follow in the orphanage will illuminate the drab lives of their friends, and bring contentment and joy into many homes beside their own.

CHAPTER XVIII

CASTE

THE influence of social customs on our women's work naturally brings us to the consideration of the great and characteristic custom of India that you meet with constantly at every turn, whatever may be your job—the socio-religious organisation of caste.

A great many people, missionaries especially, go "off the deep end" about caste, but I feel it is a mistake to do that. To begin with, we have it ourselves, although in a less rigid and extreme form than India, under the name of "class" or "social order" or something of the sort, or an adjective like "professional" or "refined." But there is less excuse for us, for our religion tells us to love our neighbour as ourself, and hints that all men are brothers in the family of which God is the Father, and equal in His sight; whereas the Indian's religion tells him that keeping the rules of his caste is the most fundamental of all his duties, and that all men are very definitely *not* equal in the sight of God. Moreover, caste is not wholly evil, for it provides a man with something outside himself and his family to which to be loyal; and it has doubtless formed a framework for Indian society that has preserved it through the ages in a way in which perhaps nothing else could have done. Still, anyone who thinks intelligently and humanely for a moment is bound to come to the conclusion that the hardships and cruelties imposed by caste outweigh altogether these two quite considerable advantages.

In the first place, it is impossible for an outcaste ever to become a "caste" man. His birth has decided his whole life. A Ramsay MacDonald can shake hands with the King and dine with him. But in India one of lowly birth, whatever his ability, or charm, or personality, or attributes can never dine at the same table or even in the same house as the poorest Brahmin.

A distinguished Indian ruler (not of Travancore) once said to me, "Do you mean to tell me that a working man can worship in the same church as the King of England?" "Yes, of course," I replied. "Disgusting," he said, and looked as though he meant it, with a sardonic curl of the lip.

Do you wonder that Mr. Gandhi is so bitter against "untouchability" or that enlightened Indian opinion is so rapidly coming to see that it has been in error for a thousand years?

Caste is apparently not part of the most ancient Vedic religion of 1500 to 800 B.C., but was introduced by Brahmins, who, so to speak, first invented themselves,[1] secondly, rationalised this preposterous invention,[2] and, thirdly, adduced supernatural reasons for it.[3] The whole process is as typically Brahmin as is the invention of the Malayalam alphabet, with letters so many and complicated that for years only their inventors were capable of reading them.

The evil effects of caste on the individual as a rigid and pre-determined system are: Firstly, that it *is* predetermined and therefore hopeless. This side of caste is responsible for the Indian fatalism which is

[1] About 700 B.C.

[2] Code of Manu, 300 B.C.; revised, A.D. 150.

[3] The well-known description of the four castes, Brahmins, Chattryas (fighters), Vaisyas (traders) and Sudras (farmers) as derived from the mouth, arms, thighs, and feet of Purusha; a comparatively modern Brahmin hymn craftily inserted after the fourth century A.D. into the *Rigveda* (*Mandala*, X, 90, which is one of the earlier Vedic documents). Compare the so-called "discovery" of Deuteronomy.

so inimical to her mental development, and the pessimism which is so characteristic of her whole philosophy. For caste is determined at birth by *karma*—by the sum total of all the good and evil which the newly-born infant has done in all the thousands of previous incarnations it has undergone. What difference can one life make? What incentive is there to do one's best in life when any good you can do may be annulled by the evil of all these previous existences? What deterrent from a life of iniquity when any evil you may commit can only be diluted a thousand times in the sea of good and evil for which you are already responsible? Before the cycle of births is over, you may have to live 84,000 lives. What a prospect!

A woman came into hospital once with a snake-bite on her finger. She had wisely tied a string tightly round the finger, and kept the poison out of her body—an excellent and sensible thing to do. Pugh, who saw her come in, said to her, "Very good, my dear lady. Just come along to the operating-room and we will give you some chloroform and fix that up for you." "But will I have to have my finger cut off?" "Well, I think that will be the only way to save your life." "Oh, then I'd rather die. If I lose my finger now, I'll be born in thousands and thousands of rebirths without a finger." So saying, she took off the string from her finger, and within a few minutes fell down dead.

So you see, these incarnations are very real things to the strict Hindu, though, as far as this superstition about limbs is concerned, we find that it is disappearing by degrees.

In 1919 at Neyyoor Hospital there was *one* amputation, and that only of a finger.

In 1922 there were *five*, four being of limbs.

In 1926 there were *ten*, all of limbs.

In 1933 there were *thirty-three*.

In 1937 there were *forty-seven*.

Considering that amputation usually means the definite saving of a life, this little list represents a minor triumph for enlightenment; unless, of course, you believe with our poor friend, the snake-bitten woman, that rebirths reproduce acquired deformities!

But we have digressed from the effects of caste. The subjective effect of caste, as I have said, is chiefly the pessimism, the fatalistic lack of incentive to do good or of deterrent from doing evil, all of which the acute observer can plainly see at work in the Indian psychology to-day.

The objective effect of caste on the individual has to do with the rigidity of his social position. He cannot escape from it. If he be an untouchable, he can never be anything else. All possibility of rising in the social scale is denied him. If he is thirsty and comes to a drinking-place, he has got to stand 6 yards away and have the water poured down a split bamboo trough 6 yards long, or he defiles the place for upper castes. If his family is oppressed, he will be oppressed and can never get out of it. If his father is a blacksmith, in some parts of India he is not allowed to be anything else, however much he wants to follow some other trade. If he is born a high-caste Brahmin, holding his head high as superior to other men, for him is the awful future of continuing to hold his head high and to imagine himself to be their superior—a more terrible destiny, I think, than that of the suppressed untouchable! Caste is the absolute antipodes to Christian brotherhood. The thought which produces it is the exact opposite of Christian thought. Hinduism, strictly speaking, teaches that only the four castes can attain salvation. Nobody outside these castes has a chance. It is all predetermined. The Brahmin boy is "born again" by a ritualistic ceremony; the only sins that forgiveness is asked for in the chief form of domestic worship laid down by the Brahmins are "defects in

syllables, words and rhythm." As long as the syllables have been all right, the magic will have its effect, and he is born again.

Salvation through syllables!

I know some Christians whose idea of salvation is rather like that. But—well, God is merciful. Now just contrast the cut-and-dried thought at the back of *karma* and the fatality of caste, the impossibility of attaining salvation unless you are born a caste man, and all that that implies—just contrast that with our Lord's Parable of the Lost Sheep, and the joy in Heaven when the stray came in. Just look at the loving Father going out to meet the untouchable when he of his own free will left the swine's food and journeyed Home. Ay, there's the rub—"of his own free will." The Prodigal said, "I will arise and go," and go he did.

The Hindu says, "I am here. I can't go. I am here because of previous occurrences out of my control. Even if I could go, it would be no use going, as the upper caste people would be so beastly to me that I'm happier with the swine and their husks. I am here. I am bound to be here. My son will be here. My great-great-grandson will be here."

This is what Raman was saying in a village near Neyyoor, when one day comes malaria, and he is laid low with fever, and a dispenser from Neyyoor comes along with some quinine mixture. For a day or two he feels a little better—but only for a day or two, for there wasn't very much medicine in the bottle. Back comes the fever—probably that, too, has something to do with his *karma*, his sins in previous lives—but here is a party of two or three chaps with a big basket. "Salaam, old boy, how are you feeling?" "Rotten." "Never mind. Here is some more medicine. And a bit extra for your little boy in case he gets the malaria, too."

Off they go again. Why do they bother about him? Nobody has ever bothered about him before. He is only a Kurava—those boys were Nadars, a cut above his class. And a thin-looking European fellow with them—that would be Dr. Harlow. "Everyone knows that he's quite mad. But then Europeans *are* mad. Well, little son, how's your fever? Have some more." "Is there enough? It won't last long." "Yes, there's plenty for both of us." But the epidemic was very bad, and the parties from Neyyoor had plenty of places to go to, and the bottle didn't last very long. Both father and son looked like dying before the Neyyoor party came along again. Not dying of malaria, though they had some fever, but dying of starvation. The drought that had dried up the rivers into little pools, which bred mosquitoes, had started the malaria. But the same drought had prevented the crops from growing, too, and after the malaria had got hold, the people began suffering from starvation as well. It was thus with poor Kuravas and Pulayas and the other untouchables, who are not so far above the starvation level even in ordinary times. But kind friends had collected some money for food and cloth, and the boys of the Nagercoil L.M.S. Christian College had provided a whole sack of rice; and a few had given clothing; and some of the boys from the same Christian College volunteered to help, and parties of relief were organised. One of these approached our friend one hot morning, just as he was quite convinced that he was going to die. Well, what matter if he did? What was life, anyway? The little boy will carry on, in the same life, the same semi-starvation. "Hello, old man! Don't make such a noise. You're not dead yet. Hungry?" "I *am* hungry, sir." "Have some rice. And here's a bit of cloth to keep you warm at night" ("or to sell at the market and get some more rice," said William, aside). "And here's a bit more medicine," added Alexander, "and a little book in

Malayalam for the boy. I don't expect *you* can read." "Well we must be getting along," said Davidson; they had no time to stay, for they had scores of people to visit and isolated houses to go to, away from roads and villages, so off they went. Now, the little lad had been to the Mission School at Panichamood and there learned how to read, a thing which his father had never bothered about, for in his day he wouldn't have been allowed to sit in a schoolroom with boys of higher grades of untouchability, to say nothing of those with genuine caste. So the boy read out the little booklet, and found in it a lot of things he didn't understand. But at last he came to the story about the birds (Luke xii. 24). Yes, God had sent the food. The men that came from Neyyoor must have been sent by God. And then the fifteenth chapter. The ninety-nine sheep—and the Prodigal Son—they read that one together again and again. Gradually they understood. There *was* a way out, then. So they started going to the little churches, and talking to some of the Christians (but some to whom they talked could tell them very little except catch-words that meant nothing to them). And now the lad is in the Sunday School and knows a good deal more than his father. But the father knows one thing. "I will arise and go to *my* father. And the father felt pity for him and ran to welcome him. No more *karma*. No more caste. My boy can have a new start that I never had. God bless him."

Lastly, let us look at a picture of actual life from Travancore not so many years ago, to see what caste means when it is strictly kept. It is an encouraging picture, for most of it could not be painted nowadays. Our senior living medical evangelist, Dr. Samuel, wrote for me this recollection of his about the early experiences he had in his service in this Medical Mission about 1892. I reproduce it almost in his own words:

"I was asked to start a branch hospital in Kottarakara

(fifteen miles from Quilon). I hired a little house belonging to a Syrian Christian and started the medical work there. But, as the Syrians had been granted by the Government an official status equivalent to a fairly high caste, the lower class of people, such as the Kuravas, Pulayas, etc., the majority of whom formed the L.M.S. Christians, were not allowed to come near a Syrian house, so difficulties arose. This class of patients—our own L.M.S. Christians—would not come to be treated.

"So I put up a small shed of bamboos in front of the house and used it as a dispensary. I had much difficulty in bringing in the patients and making them sit together for prayers, etc., owing to untouchability. The Nairs (Sudra caste) and Brahmins never allowed the lower classes even to move freely on the public roads, bazaars, etc. So I devised a plan, making a pathway through the backyard of the house, and told the lower classes to come by that way, and treated them under the shade of a mango tree, the upper classes being treated in the house. Later on, when we purchased a plot of ground and built a hospital, the higher castes would stand outside in the road until all the lower classes had cleared off, having finished their treatment. There is a little village not far from the hospital where the people, all outcastes, were attacked with very bad malaria. But the road from the village to the hospital passed between some Nair houses. The Nairs would not let them go to hospital for medicine, so I had to lead a procession of them myself. The Nairs, seeing us, rushed out with sticks, and we had to run for it. One day a Brahmin came and sat 40 yards from my house, and sent a Nair asking me to give him medicine. The medicine must not be mixed with water in the dispensary, or it would be defiled.

"He would not let me go near him to diagnose his disease, so I sent him a bottle of strong smelling salts

to sniff up his nostrils." (Samuel evidently had a sense of humour.) "He took a deep inspiration and fell backwards. But next time he came into the hospital. Later, he became quite free with us, and would even let us mix medicines for him with water in the dispensary. One day he took me to see his mother, who had bronchitis. She was made to sit at the door of her room 20 yards from me, all covered up except her face. I was not allowed to feel her pulse or examine her chest. Fortunately, my medicines made her better in two weeks. Her former doctor, a *vaittyan*, had had to sit in a cowshed 50 yards away, and felt her pulse through a piece of string—or pretended to do so. In those days a Brahmin lady used to go to the temple holding an umbrella to cover her face and body. Three Nair women with umbrellas held them in a similar way on her other three sides, and two Nair men went 30 yards in front of her to drive the outcastes off the road. Such were the ridiculous habits of the uncultured[1] and bigoted heathen people.

"Shortly afterwards a Syrian teacher took me to visit an outcaste village where there was much malaria. They dared not come to hospital for fear of being beaten on the way by the caste Hindus. So I went to them on a Sunday. I gathered them into the schoolroom (which belonged to the L.M.S.) in their village, and held a service. Then I opened the sick register which I had brought with me. I asked the first patient his name. He at once rushed out of the room and took to his heels, followed by all the other patients. The teacher went up to the head man of the village and asked him the reason for this. He said they were afraid that their names would be taken so that they could be arrested by the white people and sent on steamers to England!

[1] NOTE BY T. H. S.—Many such people were highly cultured, in a certain sense.

"The next day I sent them quinine powders to be distributed by the Syrian teacher; and afterwards they were convinced of their foolishness, and gave their name in after visits."

This is the earliest first-hand account we have of the starting of one of our branch hospitals, and it is very interesting to read of the difficulties which caste prejudice caused both to the medical man and his arrangements, and more especially to the poorer and more needy patients themselves. The life of the outcastes in those days must have been a really degrading and sad affair. Things are far better now, as the final little picture from my own experience will show.

Here is a contrast. In 1933 Her Highness the Maharani of Travancore visited the Rama Rao Hospital at Nedungolam in order to open a new ward. She went round the Hospital, visiting the wards, and was especially touched by a poor family of outcastes, whose father was desperately ill then, but has since recovered.

I came out to India just in time to see, in 1924, a Brahmin walking along a public road, with a Nair some 20 yards ahead of him armed with a stick, warning all outcastes off the road, so that they could run away their regulation 30 yards from the roadside before the Brahmin came along. But I have never seen that happen since, and I doubt if it ever occurs now. I have often seen Brahmin patients in our general wards lying in the next bed to an outcaste, content to be ministered to by our male nurses, who are nearly all untouchables according to Hindu lore. Christian service in a Mission Hospital has drawn them together by the one power which casteth out fear and all unbrotherliness—the love that lays down life for friends.

CHAPTER XIX

BRANCH HOSPITALS

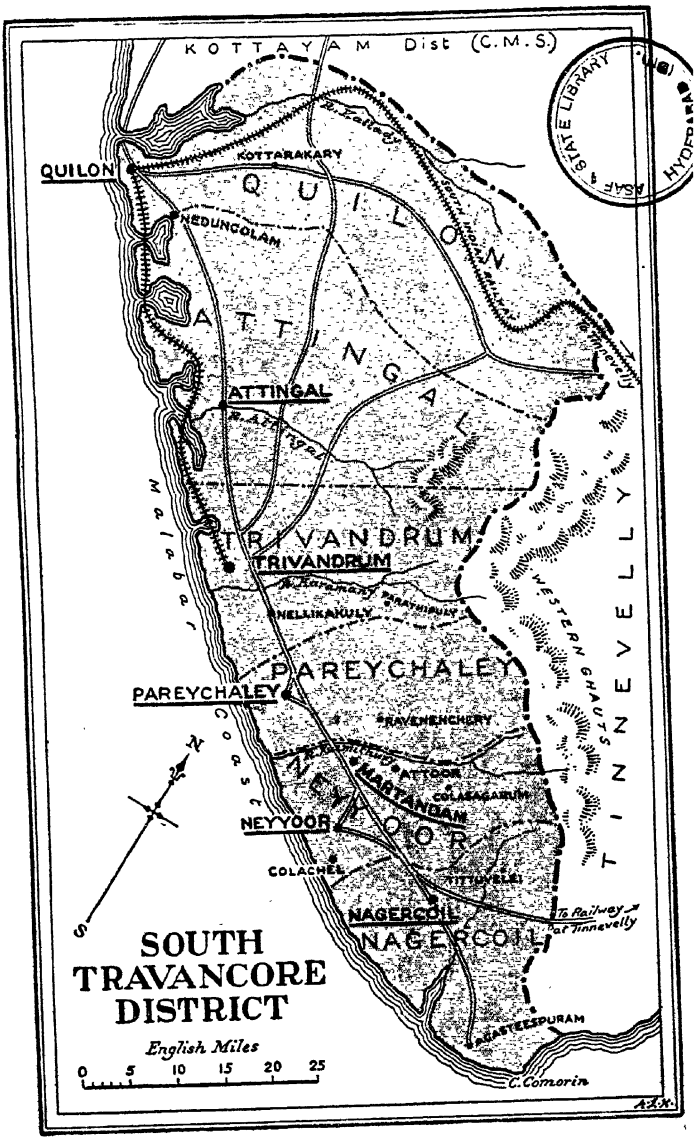
IN one of the earliest chapters in this book, the founding of many of the branch hospitals, which have always been such a feature of the South Travancore Medical Mission, was briefly mentioned. In the last chapter a fuller account was given of the starting of the branch at Kottarakara. This had to be closed down owing to the fact that the Government opened a hospital near by, situated in a more central position than ours, and as there did not seem to be a real need for two hospitals in the one place, we removed our hospital some five miles away, using the materials from its roof, doors and windows to economise in building expenses. The new situation is in the extreme northern end of the L.M.S. area of Travancore, finely situated on a hill and on the Main Central Road of the country, near a village called Kalayapuram. Although this Hospital does not deal with a large number of patients every year, yet in my periodic visits to branch hospitals I have seen more patients in a single day at Kalayapuram than in any other branch—176. I have also seen there my strangest patient. I go there usually about three times a year for one or two days, and on one occasion had had a fairly heavy day and was sleeping out of doors, as is my wont, in the Hospital compound, when I awoke at dawn to see two men leading an elephant into the Hospital yard. I must be half asleep, I thought, so I rolled over and slept for another hour or so. When full daylight again aroused me, I saw that the elephant was still there, and was a real one, not a dream elephant.

So I got up, washed and shaved, and went to investigate. A courtly landowner came along to me and said in Malayalam, "Sir, my elephant has cataract. You do operations for cataract. You must operate on my elephant. I will pay you well." By this time they had got old Jumbo lying on his good side, so that I could have a look at the bad eye. Yes, he had certainly got cataract. And I could operate on it if I had the smallest notion of how to render an elephant's eye anæsthetic. I know how much cocaine it takes to anæsthetise a human eye, but that great, dense thing belonging to an animal with skin an inch thick—does cocaine anæsthetise an elephant's eye at all? I pictured myself cutting through the first quarter-inch of eyeball with no untoward effects, and then suddenly reaching the limit of the action of cocaine, and causing our friend acute agony as I approached the lens. And if I did that —who was going to guarantee that the elephant would not take me up in his trunk and dash me against a rock, or put me on the ground and then trample me underfoot? As for using chloroform—we certainly had not got enough chloroform in Kalayapuram to send an elephant to sleep. So I told its owner that elephants got on very well with cataract and that he had got one good eye, anyway, and if the lens of the bad one *was* removed there was great probability that the eye would get inflamed. Finally, I strongly advised him not to have the operation done at all. I lost the fee, or, rather, the Hospital did. But I am still alive. So is the elephant. I met him the other day, with the cataract as white as ever, and I could swear that he winked at me.

Travancore, like the world in general, is passing through a period of transition, as far as transport alters the geography of a place. In the old days, the only means of transport here were the bullock *bandy*, which goes three miles an hour at the outside, and the *vallum*, or punt, which goes faster, but can only be used where

there are waterways. Towards the end of last century, push-bicycles came in, and are still largely used by single individuals, and very useful for messengers and doctors and others. They have not yet been adopted by Indian women in Travancore, though our European nurses find them very useful.

But now motor-buses run along all the main roads, and occasional services are established on by-roads as well. In addition, cars can be hired very cheaply: it costs less than a pound to hire a car from here to Trivandrum and back, a total distance of seventy miles. Most of our branch hospitals were established during the nineteenth century, and were placed partly in reference to the position of our London Mission churches, working to some extent in conjunction with the church workers, and partly in reference to the then existing need of certain areas of the country. In modern times we have found that some branches, previously useful, have become almost deserted; some which appeared to supply a real need no longer do so, owing, perhaps, to a cheap bus service having been established to a better hospital only a few miles away. An instance of the latter is our branch at Kilimanoor, the home town of a section of the Travancore Royal Family. Attingal is only six miles away, with a far better and larger hospital, which now contains forty beds and an operating theatre. A bus now runs between the two places, which means that very few patients used our Kilimanoor branch at all; they preferred to pay a penny or two for the better facilities of our Attingal Hospital. So we have now closed Kilimanoor, as we felt the expense of running it was not justified by results. But, before we leave it, here is a page from our report of 1926, describing one of my annual visits there —visits which I much enjoyed, staying in a summer house of the Palace on the top of a little hill, and paying an annual call on the Thampuran. or Lord of the Palace. This used to bring me straight into the age-long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PAYAMENCHERY
MARTANDAM
COLACHEL
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life of Mediæval India, in that rambling and fascinating and exquisitely clean building, where nobody wore any clothes above the waist, their beautiful brown skins glistening in the sunlight as God intended them to do when He made them:

"During the past few months I have made a tour round some of our branches, staying a few days in each and seeing many patients; also saving Neyyoor a little work by doing a number of operations on people, most of whom would otherwise have drifted to Neyyoor, and crowded the hospital out even more than usual. Some of them were too poor to go, and had no other hope but my treatment in the branches. Often I have seen 100, sometimes 150 patients in a day. More one cannot do, and I find twelve to fifteen in an hour is the maximum one can deal with efficiently. It is better to see 100 patients properly, and really do something for them, than to try to treat 250, missing a lot of disease which a more careful examination would reveal. So, although at one place, Nedungolam, I believe 150 patients during the first day went away unseen by me, yet it was better, I think, to deal with the other 100 or so properly. But the large numbers were very impressive—many of the poor folk suffering from extremely serious diseases, and many from rare and medically 'interesting' conditions. The panel doctor often sees many patients in a day, most of them suffering from neurasthenia or cold in the head, but in these places we had an out-patient clinic unsurpassed in variety and in real need by the total daily out-patients of any London hospital. Many malignant cases were frightfully advanced and could not, unfortunately, receive any relief; many were suffering from the effects of their faith in native *vaittyans*. A good few we could relieve considerably by drugs or operations. Many scores had duodenal ulcer and were marked down to be sent gradually to Neyyoor—gradually, so as not to crowd us

out all at once. I removed a number of large innocent tumours, and did numerous other operations of the medium order. The whole thing seemed to be so 'worth while,' and I hope and believe that much real suffering was alleviated. Every morning was begun by a brief address, that the people might know why we do these things, and be led to see something, however imperfectly, of the Master whom we endeavour to follow. Then for hours which seemed like days we dealt with the patients, who crowded round in such numbers that disciplinary measures were necessary. I found an ear syringe to be very useful for keeping the inquisitive away, and a few eyes at key-holes got a good wash-out free of charge; in these measures I treated all alike, and the boys sometimes roared with laughter to see a very important looking person douched in the face, only to become victims themselves, when they peered through windows or crowded round the door. Every evening I gave some of the lads short runs in my car, especially delighting the poor ones, who had never been inside a car before, and thus getting the fresh air that I needed myself, as well as giving real pleasure to some whose existence is rather drab. The little outcaste boys were thrilled with even a few hundred yards in the car. Poor little souls! Theirs is a hopeless existence. In some places even in these so-called enlightened days, they keep right off the roads for fear of the upper castes, who sometimes send a man in front of them to warn the outcastes off the road, lest the high caste man be defiled by their propinquity. I always made a point of treating both caste and outcaste patient alike, and in this same place the latter was thought terrible by some people. At Kilimanoor, when I took a little outcaste baby on to my knee, a few Brahmins awaiting their turn actually ran away, hiding their eyes from so terrible a sight. 'Suffer the little children to come unto me' does not include outcaste children, even in the eyes

of many of our so-called Christians here, and to see me taking such a child actually into my arms would probably be as repulsive to a strict Brahmin as the ceremonial eating of cow's dung would be to us. At this place also I came across a significant example of caste prejudice. Dr. Aruldhas, the Medical Evangelist, had started a night-school for outcaste children, for which a number of the poor village boys used to come to his house ever night. The local high caste people, who constantly keep the outcastes 'in their place' by depriving them of all education, for fear they should get to know too much, had to be true to their traditions and prevent this night-school. So they spread a rumour round the countryside that the school was a trap laid to collect the outcastes, so that Dr. Pugh and I could come in our motor-cars and take them away to Neyyoor to be killed and tortured by operations. The credulous people, of course, believed this, and within a few weeks not a single boy was left at the school. The veranda where the school was held was never stepped upon for weeks by the higher caste men for fear they should be defiled. With this sort of feeling soaked into every fibre of the national life, one cannot wonder that many of our own Christians observe caste, and sometimes refuse to welcome into their churches those of so-called lower caste than themselves. Yet one's great hope is that in the course of time the principles of Jesus Christ, and especially the idea of the brotherhood of man, may be grafted into the life of India."

The hospital at Nedungolam, some eighty miles north-west of Neyyoor, which is mentioned in the first half of this extract from our annual report, has a unique position among our branch hospitals. It was built, equipped and endowed by a single Hindu family in Travancore. Rama Rao, the late head of the family, who was Dewan of Travancore from 1887 to 1892, set aside several acres of his property fifty years ago in

a lovely situation not far from the sea, and on it built a dispensary, with a consulting-room and another small room. He handed this building and land over to the Medical Mission to run as they thought fit, the sole condition being that if he or his successors in the family were dissatisfied with the running of the hospital they could if they desired appoint someone else or some other body to run it. Rama Rao's desire was that of a true philanthropist: that the people of the district around the village where were situated a number of his family estates should have the best medical attention possible. At the same time, he made over to the Mission a large area of paddy land up in the foothills some thirty miles east of Nedungolam, in order to provide endowment for the running expenses of the hospital. The fact that he entrusted the work of this hospital with the Medical Mission not only gratifies us, as we reflect that he chose the Mission as the body in Travancore most likely to carry out his wishes, but is a tribute to the large-mindedness of a great Hindu, which is continued as a tradition in his family. His eldest son, Rao Sahib Padmanabha Rao, has continued the good work, and has many times increased the accommodation at Nedungolam, so that now it is second only to Kundara among our branches in the numbers dealt with, both in-patients and out-patients. For these and other benefactions to the state, Mr. Padmanabha Rao was invested with the quaint but honourable title of Udarasiromoni[1] by His Highness the Maharaja a few years ago, and truly there has been no family in the state more lavish with their benefactions. Mr. Padmanabha Rao has built four wards in memory of various members of his family: a maternity ward which Her Highness the Maharani opened in 1933, an operating theatre, and other buildings. And he has crowned the whole with a gift

[1] Gem of Generosity.

of Rs.10,000 as an endowment for the feeding of poor patients.

The last time I was in Nedungolam, after seeing the usual large number of patients, and before starting operations, I went round the wards to see patients who had been there some time before my visit. One case was a woman who had been taken, while suffering from typhoid fever, to the Government Hospital at ——, but had been refused admission and sent away because she was "too ill for admission." Greatly discouraged, the poor woman's relations carried her back to the bullock-cart, and trundled along the weary, bumping miles of by-road to Nedungolam, where they arrived some five hours later. Dr. Moses saw her to be in a desperate condition, which must have been considerably worse after twelve miles of bumping along in a springless cart, and said at once that she must be admitted. Three weeks later, when I saw her, she was free from fever and convalescing, and she is now perfectly well. The Government Hospital had sent her away to die, for the sake of their mortality statistics, I suppose. But for the sake of Christ she was taken in at Nedungolam, and eventually sent away alive and well to her rejoicing family.

It is during the two harvest seasons—February and September—that I generally make my visits to the branch hospitals. When Dr. Orr and I were here together we took it in turns to go off for three weeks at a time, spending four days or so at each of our northernmost branches. It was during a visit such as these that I wrote the extract quoted a few pages back. Upon my soul, we get some work to do at these times! The branch hospitals are designed for doing the ordinary day's work of a village area, and deal with fifty to eighty patients a day, most of them suffering from transient complaints. At these annual or six-monthly visits, I seldom have to see less than 100 patients a

day, many of them seriously ill, in addition to the ordinary daily sick to be dealt with by the Indian doctor and his dispenser. I don't mind operating for twelve hours on end, as there is always a certain number of operations that are largely mechanical, a question of skill of hand rather than of activity of brain. But seeing patients all day long is different. You have to be continually on the *qui vive*; your brain is constantly active; you are thinking hard the whole time, for ever on the look-out for defects in their "history." Many patients tell you what they want you to know, rather than what is true. A cancer case, for instance, will seldom own to having had the growth for six months. He is afraid you will say, "Then why on earth didn't you come here before?" So he says, "Three weeks." A man once spent a long time describing a disease in his head. I examined him carefully, but could find nothing wrong there. Fortunately, he let out a hint that he had also something wrong with his stomach, and I soon had him lying down on a couch and examined his stomach, finding at once that he was a case of duodenal ulcer. I told him he must have an operation. He was delighted. "What about the pain in your head?" I asked. "Oh, I told you I had the pain in the head because I thought you would think it more important, and take more interest in me than if I told you it was in my stomach!" Another patient only a few days ago gave me a completely spurious history of her case, almost exactly the opposite in every particular of the actual facts. When she had finished, and I had examined her, I asked her a few questions, whereat she flatly contradicted her previous account. "What am I to believe?" I asked. "Tell me what you really do feel, and I can take on your case." She did so, adding, "I told you all these lies to see if you were a clever enough doctor to find out if they *were* lies." Ye gods! A woman will sometimes complain of head,

ears, throat, chest, heart, stomach, limbs, and keep you questioning her many minutes; and then you examine all these various parts, some of them (such as the ears) with special instruments, and can find nothing really wrong with her. Finally, you see her whispering to the nurse, and you find that she has been married four years and has no children, and *that* is what she has really come about. Twenty minutes wasted; and when there are 100 or so patients to see in a day, twenty minutes is a serious thing. It may mean four or five patients, who have come fifty or 100 miles to see you, going home without being seen. Incidentally I am not "had" that way by Indian women nowadays. I have learned wisdom, and unless they have a single definite complaint, or are obviously over forty-five or under fifteen, I come out at once with, "Have you any children?" Last month I did this with a young lady, and I produced titters from the crowd. It turned out that she was unmarried and had had a child! But in the rush of work at a branch hospital, one can't always take time to be tactful. After a whole day of examining out-patients, I am absolutely dog-tired, and this constant mental activity is the reason. However, there is tremendous satisfaction in the work, even though so many conditions are not ideal. In these country districts you see cases fearfully neglected, and often terribly maltreated by *vaittyans*. Every day, when visiting a branch, one sees things that are never seen in England at all nowadays. Last month, when I went to a branch, I saw, among 200 other cases, the following:

1. A man was carried in for fifteen miles across jungle and paddy fields on a bed by four stalwarts. He had broken his ankle three months before, and gone to a *vaittyan* for treatment. Irritating oils and other things had been poured into the wound, and the whole thing had got horribly septic right up to his

knee. Fortunately for him, the poison had stopped there. But he came in with the most terrible pain I have ever seen. His face was like one suffering the torments of the damned in Hell. In fact, he *was* in hell—the hell men have made of this fair earth with their invented superstitions, just as we in the West are rapidly making a different kind of hell of our part of it, with our land-grabbing, and our misapplied science, all due to our neglect of God and of our fellow man, and insistence on our own point of view. Amputation above the knee sent him home a happy man.

2. Volvulus of sigmoid for five days. Patient extremely ill. This disease is a twisting round of the lowest part of the intestine, and if operation is done early, the results are very good. I said to the people who came with the patient—he was carried in on a deck-chair, from only two miles away, "Why didn't you bring him here before? I have been here three days. If you had come three days ago I could quite certainly have operated and saved his life. But now he has a very poor chance." "Sir, the *guru* (the family religious adviser) said that yesterday and the day before were both very inauspicious days, owing to the position of the moon. To-day is auspicious, so we have brought him along." Alas! the delay, entirely due to superstition, may have cost him his life. I operated, and when I left for Neyyoor he was alive, but I fear his chances were meagre.

Here, then, are two of last month's cases. Add to them ten or twenty severe cases of tubercle of the lungs, and half a dozen of tubercle elsewhere, another ten of incipient tubercle, ten of leprosy, ten of sterility in women, twenty of duodenal ulcer, a dozen tonsils and half a dozen hernias, then some thirty or forty miscellaneous cases, varying from a dislocation of the shoulder to a stone in the kidney, and, of course, including a

few cancers of the mouth, and a dozen old cancer cases who come up every so often to report to me, and you have a good hard but quite typical day's work in one of our northern branches.

The next day, or two days, are usually spent in operating on all who have been selected from this lot as requiring operation, except those who are well enough off to go to Neyyoor. Operating on a list twice as long as one of our heavy lists in Neyyoor, but without the many helpers, nurses and facilities of Neyyoor, is not without its snags and its anxieties. It has its humours, too, not the least being the crowds outside, who know exactly where there is a crack in a window-pane, or where the white paint on the glass has been scraped off so as to admit a glance.

So far this chapter has been mainly from the standpoint of the medical missionary on his occasional visit —a time when work is hard, but interest and satisfaction is great. But let us take off our hats to the Indian doctor who has been carrying on a work which is very often, much of it, rather a dull routine, year in, year out, faithfully and well. I have particular sympathy with the doctors in the smaller and less "successful" branches. Sometimes we have to put a doctor into a branch to test and see whether he thinks it is really worth running at all. Can you imagine anything more boring than sitting in a hospital all day long to see four or five patients, all suffering from trivial complaints? Yet that is what happens occasionally. At harvest time especially, when everyone who can possibly drag one leg after another is busy reaping or gathering, patients in our smaller branch hospitals dwindle down to very low numbers. A hospital with an average of fifty a day may then only have seven or eight patients. But the Indian doctor is always there, always available, always at the beck and call of patients. So you must think of the branch hospitals, not as places

where the missionary occasionally goes for a few days' overwork, but as places where good solid plodding is done every day, punctuated by an occasional emergency, or a call to walk across country some miles to attend a maternity case, or a road accident with a couple of fractures and a corpse and police enquiries and a loathsome Court case hanging on for months. A Christian man who lived in a village where is one of our branches said to me: "There is no doubt that ——, the doctor at your hospital, is the best Christian we have got in this place." They may not all be as good as that, and some, no doubt, are brighter Christians than others, but if you ever went into any of these smaller hospitals of ours, I hope and believe you would find the doctor and his staff cheerful, ready and willing to help, at any hour of the day or night.

CHAPTER XX

KUNDARA

THERE is one special branch hospital which I purposely omitted to mention, because it certainly must have a chapter all to itself. About the beginning of this century a dispensary was built at Kundara,[1] then the next station to Quilon on the new railway—still the only railway connecting Travancore with the rest of India.

For over thirty years it was run as an ordinary branch of the Medical Mission. It had accommodation for eight men and eight women, and, although a small hospital, it has always had a large out-patient department. It is near the big town of Quilon, on a railway and a main road, only a mile from the waterway or *kayal*, where boats go all over the coastal area, and in a populous district. So it is in a good position for communications. Every time we visited Kundara we felt that the crowds of people we saw there signified a need that was not adequately being met, and that we really ought to provide a hospital which could look after these people continuously, and not merely in spasms. Every year scores of poor people who required operations could not get the treatment they required, as there was no facility at Kundara, and they had no money to get to Neyyoor, or to stay there. So Dr. Orr wrote this little story in our report for 1934, and put it before the Congregational companies of the Boys' Brigade. Here is the story—true a hundred times over every year at that time, but now, thank God, a thing of the past:

[1] Pronounced Koondără.

"The New Project in the North

"The crowd was increasing hourly and Ibrahim was growing anxious lest his old father, Mustapha, might not be able to see the Doctor Sahib when he arrived. The little dispensary at Kundara was certainly one of the busiest places in Travancore that morning, for a doctor from Neyyoor was expected to pay one of his periodic visits, and all who had tummy pains, all who had cancer and all who could not be cured by the local Indian doctor came, believing that the Sahib could do the trick. Ibrahim, aged seventeen, was one of these hopeful souls. His father had been suffering from dreadful pains after meals for years and Ibrahim had heard of so many who had gone to the doctors in Neyyoor and had come back relieved. Money had been scarce in the family ever since his grandfather had lost the pet family lawsuit, and a journey of 100 miles to Neyyoor was out of the question, but to-day was the day of days. One of the Neyyoor doctors was coming himself, and surely he would do the necessary operation (or whatever was required) right here in Kundara where they lived. There were a hundred or more optimistic souls who believed the same thing, and if the surgeon when he arrived were to deal with them all, nothing short of a hospital accommodating fifty to sixty people, an operating theatre fully equipped and an X-ray plant would be effective.

"The crowd parted as a car drew up. Out jumped the Missionary and three or four Indian orderlies; and while the Sahib conducted a little service in which he told the people about the great doctor who had lived 2,000 years ago and whose spirit dwelt in this little building and whose disciples the Medical Mission workers were, the Indian orderlies cleared the deck for action.

"One by one the waiting patients approached the consultation table and told their tale of woe. Those

who could afford it put a rupee in the poor box, those who the Indian doctor thought deserved free treatment were allowed to forego this little formality. All through that hot Indian day the cases were examined. Many got medicine and advice about diet. Some with simple surgical conditions were handed over to the care of the Indian orderly to be prepared for operation on the morrow and others with more serious conditions were given slips of paper directing them to Neyyoor for X-ray examination, operations or radium treatment. At last it was Ibrahim and Mustapha's turn. They paid their rupee and they told their story. The Sahib passed his hand over Mustapha and looked grave. 'How long have you had this, old man?' 'Ten years, Master.' 'Why did you not come before to Neyyoor?' 'Too far, Master. I have not enough money and was too ill to stand the journey.' 'I'm afraid I cannot do it here. Can't you come down to Neyyoor, where we have facilities for looking after you?' Then Mustapha began to weep. This was just the thing he dreaded might happen. 'Oh, why can't Master do it here? Why is there not a proper operating theatre in Kundara? Why are the wards so small, why do so many of my people have to go all that long journey to Neyyoor?'

"This question was thrown out as a challenge to the Boys' Brigade Companies connected with Congregational Churches, and they made a fine and characteristic response."

They met together at Oxford in October, 1934, and luckily I was at home just at that time and put it to them, telling them how we had sold one of our southern branches and with the proceeds already bought some land at Kundara. But we had no money for buildings, and no means of getting any—except through the Boys' Brigade. They were splendid. They got down to it at once, and not only supplied a good sum towards the buildings, but from that time until

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ıe left they paid Dr. Orr's salary, and have continued to pay Dr. Davidson's. So we now have a Boys' Brigade "Own Missionary," and usually about £200 left over from his salary every year towards building expenses at Kundara, or running expenses if buildings to that amount are not required. At the centenary of the Medical Mission in 1938 we collected a good sum of money, of which over £1,000 are being used for buildings at Kundara; by the time this book is published I hope there will be X-rays, a pathology laboratory, a hall of worship and a consulting-room, as well as houses for the whole of the medical and nursing staff, of which all have hitherto lived in hired houses. But all that is in the future as I write, though perhaps not as you read. What of Kundara in the more immediate past?

As soon as we saw that the Boys' Brigade were going to take up the challenge, we at once built a fifty-bed hospital, paying for it out of overdraft—that is to say, trusting the B.B. A very nice, airy ward for twenty-six beds for men, and another exactly similar one for women, together with an operating theatre and sterilising room, and ten kitchens each for men and women in long rows behind their respective wards —that was the minimum on which a hospital can be managed at all, and that is what we first built, the whole costing rather over £1,000 pounds. We had about £200 in hand, and the Boys' Brigade have just about paid off the whole of the remainder now—an event which we signalised this year by erecting an entrance archway over the hospital gate, which reads "L.M.S. Boys' Brigade Hospital," painted in the colours of the Boys' Brigade.

During the last four years this hospital has already shown how very much it was wanted, by its constant increase in work, and about 26,000 out-patients are dealt with there each year, besides which, although it is at present far less than half the size of Neyyoor

and has no "extras" such as X-rays, diathermy, or radium, yet the number of in-patients in the year is two-thirds the total numbers of Neyyoor. I anticipate that in time Kundara will deal with the same number of patients as Neyyoor. About eight years ago I operated on a middle-aged L.M.S. Christian lady called Mrs. Solomon, and for years I heard nothing about her. Suddenly one day, while I was visiting Kundara, she asked me to lunch with her, twenty miles away. I was rather doubtful whether I ought to accept and interrupt a day's work to the extent of two hours or more, but her nephew told me she intended to present me at the lunch with Rs.500 (£40) for Kundara Hospital. Of course, I went along, ate an excellent lunch of rice and curry, and in due course the good lady rather shyly presented me with the money. A few months later another Rs.500 came along, with the message that she had always hoped to make it up to Rs.1,000, and was very pleased to have done so at last. With this generous gift from a Christian lady, we built a row of four private wards, each with their own kitchen and backyard. Kundara Hospital is now more than one of our ordinary branches; as much work is done there as was done in Neyyoor in 1923, when I joined the Mission; so, instead of the former system of visiting branch hospitals in harvest-time twice a year, I have adopted the more efficient plan of visiting Kundara for the first three days of every month, adding one of the other hospitals, in turn, on the two preceding days, so that urgent cases requiring major operations can go on to Kundara and thus be treated almost at once. On the first day I see a crowd of patients—always over 100, sometimes up to 130. More patients the second morning; and then we repair to the new hospital (a furlong away from the out-patient dispensary) and start in with operations. In the two days—or, rather, in theory, only one and

a half—I very often have sixty operations to do. Not all of them, of course, are major operations, but a great many. I notice in my diary for two months ago that the first day's operating began with eight gastro-enterostomies and five other abdominal operations. Two removals of jaws, three tubercular glands of neck, six hernia and hydrocele, and the remainder ten minor things like tonsils; total thirty-six. Not a bad day for a small country hospital. I crawl into bed after these Kundara operating days, at about midnight (operations go on until nearly that time), and wake up perfectly fresh, thank God, the next morning. I have never yet, I am glad to say, lost my power of recovery in a night of sleep, however tired I am on going to bed; and very often I can manage comfortably with six hours' sleep.

It is a great thing to be able to say to the people at Kundara what we have never been able to say to them until the last four years: "Right you are, old chap; we can give you all the necessary treatment here. Instead of making you go on to Neyyoor (which you can't afford) or driving you back home into the hands of the *vaittyan* who would very likely cripple you for life, we can deal with you here. Just go up to the Southern Hospital (the new one) and see the senior nurse there; he will give you a bed and put you down on the operation list for to-morrow." That, sixty times every month, is Kundara. And in between my visits the three Indian doctors carry on; Devanayagam, our senior man, as manager, and one surgeon and one doctor for women under him. I have never heard from any patient a single word of complaint against the way these Indian medical men treat them, and I have never from my own observation there seen anything but good and correct treatment, and well-conducted and skilful operations, administered to the patients. In fact, I think myself that one of the chief

values of Kundara at the present time is this—that it is a training-ground for Indian management and staffing. Except for my monthly visits (when I never look at the accounts or make any interference with the running of the hospital), Kundara has been since its inception entirely run by an Indian staff; and in these days when it is both necessary and desirable that work should be devolved as far as possible from European on to Indian shoulders, Kundara provides an excellent opportunity for a completely Indian staff to show what they are made of and to run a hospital efficiently, honestly, and in every way as it should be run. No word of praise is too high either for Devanayagam, the managing medical man, nor Vasudevan, for four years its nursing superintendent. I trust that the relations of the European staff with Kundara will never have to be more than that of frequent visitors. After all, that is the real Christian way of doing things. Jesus, after an incredibly short life of teaching and healing passed on, leaving a pretty ordinary crew to carry on the good work—but they carried on all right as soon as the Holy Spirit came to help them. We are bound to do the same. I hate comparing myself with Jesus—it is terrible for both of us; insulting to Him, and rather discouraging to me when I reflect how far behind I follow; but, still, that is our job; we have got to do it in His way, and to pass on, and to leave behind disciples of His to carry on, men who have left all and followed Him, men who have got to know Him as a friend, men who are determined to be loyal and to keep the show running as a real contribution to the kingdom of God. For them, Kundara is a great opportunity to "get their hand in" and learn from their mistakes, and experience the wonderful way in which God never lets you down if you trust Him all the time. I hope that experience may be theirs in running Kundara, as it has been ours in running Neyyoor.

CHAPTER XXI

LEPERS

"UNCLEAN! Unclean!" quavered the voice of the poor old broken-down leper in the olden days. Perhaps in some countries it does so still. In India he simply gets pushed out—out of the house, to walk about till he dies; out of his family, to lose his property, his presence at family functions (what a lot that means to an Indian!), his relations and friends; to beg his bread till he dies. His feet that don't know they are sore, for leprosy destroys the nerves to them and Nature's warning of damage is cut off, get cut and scraped, and no notice is taken because no pain is felt—only the pain (sometimes intense) of the diseased nerve itself. Sooner or later horrible sepsis sets in, and the feet and legs become ulcerated, and gradually rot away; even the charitable souls that give to lepers and beggars can't come near him now, the stench is so fearful; the flies buzz ever round him, rendering his own life doubly a torment, until merciful death one day comes along, and he rests at the edge of some market square, or under some roadside tree, never to wake in this world again. But in the meantime, think what has happened. One of two things, both tragedies.

First, the leper that is sent out of his home to wander and beg and die is usually *the wrong one*! Leprosy is contagious in its early stage, and very contagious in its middle stages; but during that time the leper is able-bodied; he has little pain, and a certain type of leprosy is during this stage curable. He can probably arrange his clothes so as to cover up most of his leprous

patches, and "get away with it" with most people, sometimes even with his own family, whom he continues to infect. In the later stages, leprosy "burns itself out." The bacilli, once teeming in the skin and in the nasal discharge, begin to disappear, and in many cases ultimately do disappear. But before they do so they have done their damage, and destroyed nerves, of which those to the foot and the ulnar nerve to the hand are the most frequently affected. Then begins the last stage, which I have already described. The fingers are drawn up like a claw owing to the ulnar paralysis. The feet may shrink, become distorted, in some cases actually drop off, and in many become very septic and repulsive—but the poor chap is free from active infection. He could safely be looked after and dressed in his home or in a hospital, but he need not be isolated, as he is no danger to others, not having any active lepra bacilli himself.

The infectious leper, who is a danger to others, and who at the early stage has a chance of cure if he went to a leper home or got regular treatment in a clinic, is the very one who either keeps his disease dark or is allowed to stay at home!

Secondly, the leper who is sent out of his house *may* be the right one. He may be, and very often is, an infectious leper. But what does he do? He hangs about markets, temple festivals, crowded thoroughfares; he sits on the steps of likely-looking houses; he gets, as a *bona fide* beggar, free rides on buses and trains, in many parts of India. All the time, he is in danger of infecting others. Leprosy is probably not caught by casual contagion; but it is spread by more or less intimate contact, just the sort of contact that you have sitting next someone in a bus, or that rows of beggars, lying all night on the pavement or in the public park or in the market place, have with one another as they snuggle up against each other to keep warm in the early hours.

And so we have reached the unfortunate conclusion that the wrong thing is done with the leper every time! The infectious one may be kept at home to infect the family—and if that doesn't happen, he is sent out to infect the rest of the world. No wonder there are 2,000,000 lepers in India.

Now, what is the solution? Personally, I think there is only one, and that is, segregation—compulsory, or it will be rendered useless—of all lepers proved or suspected to be infectious. When Western civilisation has either destroyed itself and rendered it obvious to future generations that armaments are waste of money, or (as we all hope) has of itself come to this conclusion and decided to reduce all armaments, or still better to put into a lunatic asylum anyone who suggests spending money on such things, the nations of the world may have enough money to tackle the leper problem—by compulsory segregation. If all the money spent on prisons were spent on leper segregation instead, a good start would have been made, and a good lot of buildings diverted to a useful purpose. If every criminal were in prison, it is still possible for the rest of us to commit crimes. But if every leper were in a leper home (or a prison if you like), leprosy *could not* break out among the rest of us. The Roman Catholic Church realised that in the Middle Ages, and set up *lazaretti* all over Europe. I believe they were pretty terrible places, some of them, too. But they were done thoroughly, and it is said that at one time there were over 1,000,000 lepers in the 20,000 *lazaretti* in Europe. They did their work, and virtually stamped leprosy out in Europe. The same should be possible in India if the Government and missions and everybody really got down to it. But half measures would be of no avail. The alternative method, of setting up leper homes for some and out-patient clinics for the rest, to which an approximation is being made in Travancore, has two serious loopholes: many

of those under out-patient treatment go on infecting the community, and many of them after a few weekly injections feel better, think they are cured, and just don't bother about coming again. No, anti-leprosy measures, to be effective, must include complete and compulsory segregation, and to do it, accommodation for some 1,500,000 of people would have to be provided in India alone—of a permanent nature, too, for the segregation must be permanent, or until the patients are proved by a series of tests extending over at least a year to be free from infection. £10,000,000 would provide the buildings. An annual sum of approximately the same, assuming that a good many missionaries and others would offer to do voluntary work in leper settlements, would be required to finance the scheme. A large sum, but a mere fraction of what is now spent on destructive works.

As in the rest of India, lepers abound in Travancore, and the jubilee of our Medical Mission was signalised by the donation by Mrs. Charles Pease of a sum of money for the building of a Leper Home at Neyyoor in memory of her husband. In 1890 this was done, and it is still known as the "C.P. Memorial Home."

In those days leprosy was quite incurable; it is not too easily curable now, and a certain type of it only is curable, though most lepers can have their disease alleviated. The lepers lived a very drab existence there, and the place was little more than a living grave. Its inmates vegetated there—until they died. But their cheeriness was wonderful. In that small, old-fashioned leper home, living in little box-like rooms which held two patients in each, they were the happiest people within miles around. The reason is very largely, I believe, due to Devadasan (Servant of God), their Manager. He was a convert to Christianity from the Nair caste. He knew what it was to lose all for Christ. He knows what it is to find that Christ satisfies, and to

have no regrets about losing that "all," which no doubt seemed such a tremendous thing to him at the time.

Having had this real experience himself, he has been able to communicate it to generations of lepers in our homes. Through his agency many have been led to follow Christ and to change not their names and labels only, but their life and outlook. One of these (who has also lost a leg through leprosy, although he is still quite a young chap) is now a doorkeeper in Neyyoor Hospital. He has the cheeriest smile I know anywhere. There is no doubt that his new religion means joy to him.

The other day he asked me if he might have a certificate that he was alive. I said, "Of course. But what on earth do you want it for? Aren't *you* a certificate that you are alive?" "Sir," he said, "I was a Hindu, and my name was Raghavan. I became a Christian, and I am now 'Blessing of God' [in Tamil, of course]. So Raghavan is dead. My father will soon be dividing his property, and it's just possible I'll get enough land to build a house on if I can prove that I am Raghavan and that I am alive. My family consider me dead as I am not a Hindu. But I am alive, so the Law must consider me alive." He is an optimist, I fear, as the Law can do such funny things in this country that it could quite easily prove him to be dead or non-existent, and I don't think he has saved up much from his pay of 7*s.* a month to bribe the Law into taking a very favourable view of his rights to that property. Still, I let him have a few days' leave and his certificate, and I wish him luck.

Well, Devadasan has had a splendid influence on these men and boys—and on our women lepers, too—for over twenty years now, and I believe it is the constant, consistent Christian witness and joy of Davadasan that has kept the lepers so happy.

Since 1890, when the old leper home was built, ideas of fresh air and sanitation have quite changed, and it

had been obvious for years that new buildings and more land were desirable. In 1930 Mr. Godfrey Phillips, Foreign Secretary of the L.M.S., discovered that the Society had had some money left to them, earmarked "for leper work." We were overjoyed to be allowed by the Board of the Society to use the greater part of this sum in the building of a new home for our lepers. We bought a fine site of land—seven or eight acres, on sloping country only a mile from the sea—and soon planned, and began to build, enough accommodation for 100 lepers, in airy, tall, well-ventilated buildings, each holding twenty men. A medical superintendent's house was also built, kitchens, and a large hall, in the Dravidian temple style, for worship.

As soon as the basement of these buildings began to appear, a few holders of land in its vicinity began to get anxious. "If these horrible missionary fellows import a lot of lepers here, the value of our land as house-sites will go down. We must stop this terrible thing," they argued. So they called a mass meeting, and told the people of the locality that leprosy was spread by water (it isn't); that the presence of lepers in that place would be a danger to their town, a mile away, where there were now no lepers (there were plenty, including a few under treatment as out-patients at Neyyoor!); that the lepers would be coming into their houses and ravishing their daughters, and all sorts of similar nonsense. We on our part called *our* mass meeting, and reassured the villagers that leprosy is only spread by prolonged contact; that the water was quite safe, and our sanitation would be of the most up-to-date variety; that the lepers would wear a distinctive uniform and their ordinary clothes would be locked up, so that if they *did* go into their houses the villagers would know them by their clothes and be able to send them back. An injunction, however, was filed in the Court, and (knowing it was coming) we had put on all speed with the building.

Finally, when the injunction to stop building was communicated to us, four buildings were already up; so we stopped building. Our wise lawyer told us that there would next be an injunction not to bring lepers to live in these buildings. "So get some lepers along quickly," he said, "and let them live there; then the injunction can be rendered not valid on the technical point that you have already got lepers there." We did so, and won our case on this quibble, a triumph of the legal art. The next trouble was when the opening day came. The Dewan (Prime Minister) was to open the leper home, and, knowing there would be trouble, he had wisely gone the day before to consult with the Maharaja. His Highness, with his usual good judgment and genius for doing the right thing, backed us up, and thus, armed with official support the Dewan came along, stopping to have tea with me and my wife on the way. Little did we think as we sipped our tea what poor Harlow was going through! The opposition party had collected a crowd of thousands of people, telling them that a monster petition was going to be presented to the Dewan asking the Government to sink wells and build roads in that part of the country. When the people came together, they were given sticks, firebrands, and black flags, and told to march on the leper home and set it on fire! Poor Harlow, with a handful of police, had to keep this motley crowd at bay, and did so in a veritable Thermopylæ. Although the crowd could have scaled the walls almost anywhere, they never thought of doing so! The two gates were held by the small force of police and lepers under Harlow, until at last we brought the Dewan along. His presence quieted things down a bit, except for a few angry exclamations. Moreover, more police turned up—and although police in this country do sometimes torture people for false confessions and threaten them to get money out of them, they have their uses, and they certainly saved

the leper home that day. They have our grateful thanks.

When the opening meeting was over, it was almost dark, and rowdyism broke out again, a few stones being thrown at our cars, one of which hit Mrs. Austin, the Dewan's wife. But the leper homes were opened. And since then there has been no trouble. The leader of the opposition in the village just above the homes saw that a little money could be made out of peace, so offered his services as contractor for firewood! The people with land that was to go down in value have doubled their price, hoping that we will want to extend the leper homes! So everyone seems to be happy, not least the lepers—in these lovely surroundings. Both men and women (the latter, of course, well walled off with a high wall which has plenty of broken glass on top) can play games, do gardening, grow their own vegetables, and get plenty of fresh air all day and all night. The buildings are so arranged that they cannot be shut, and every patient is bound to have fresh air, while being protected from the rain during the monsoon season. Full courses of treatment are given to every leper who requires treatment; some, of course, are burnt-out cases and cannot be improved, but the majority are on a course of injections in conformity with the latest advances in leprology. Quite a fair percentage of our lepers are eventually sent home with apparent cure. To be considered cured, they have to be negative to all tests on three occasions at intervals of three months each, and although in a few cases the disease recurs later on, many of these are real cures. There are, however, several types of leprosy, one or two of which cannot be cured; I have been told, for instance, that leprosy as seen in Java and Sumatra is incurable. But two of the types we see here are certainly curable by modern methods. What a door of hope is now opened to the once hopeless leper! For some years Dr. Abraham

looked after the lepers, but he unfortunately died last year. He had dedicated his life to their service, and his treatment of them was assiduous and faithful. We now have a young doctor, full of ideas and enthusiasm, called Faith. I hope he inspires this in the patients—they certainly look very jolly and cheery. Every Christmas they do an elaborate play based on a Bible story. Last year it was the story of Nebuchadnezzar, with modern touches and Indian detail. The soothsayers and necromancers, in their attempts to find out what Nebuchadnezzar had been dreaming, were a real good music-hall turn, a splendid take-off of the Hindu village magicians with their hanky-panky methods. The image being produced (it was as high as the stage would permit, but bore round its neck the legend "I am sixty cubits high"), there was a magnificent caricature of the mumbo-jumbo ceremonials of the Hindu temple; two lads dressed as Brahmin priests kept us rocking with laughter for ten minutes. A really good Indian band provided the sackbuts and other kinds of music. And the *fire* very nearly burnt down Nebuchadnezzar and the stage and everyone upon it, being a tremendous blaze of kerosene oil skilfully arranged—but a gust of wind at the wrong moment would have done a lot of damage. Finally there was a firework display—they do know how to make fireworks, these chaps—during which a down-at-heel Indian came along to me and complained that Dr. Abraham had sacked him unjustly. I said roughly, "Go away. It's none of my business," but the fellow kept following me round and pestering me. I didn't want to be bothered—I wanted to see the fireworks. But sniggers from the crowd began to put me wise. Our down-and-out friend was Harlow, with blackened face and correct attire, and my leg had been properly pulled, to the delight of everyone. A joyous place, the Leper Home.

CHAPTER XXII

SOME PATIENTS

ALTHOUGH we have met individual patients from time to time in the course of these pages, yet most of them have been considered simply as groups of cases, and it is time, I think, to meet a few of our patients in greater detail, for the interest of hospital work is human interest all the time. Numbers crowd in upon us sometimes so thickly that we have but little time to follow their story as individual people, and circumstances compel us far too often to consider them as "cases." But just as "every picture tells a story," so also does every single case with which we deal, if we have but time to follow it through and find out about it. Alas! we lose sight of a tremendous number of our patients, and in a land of semi-civilised village communities that is inevitable. We can only hope that if we never see them again it means that they are cured; we also hope that while at Neyyoor they may have seen something of the love of God. That, however, is where the nursing staff come in with their more intimate and prolonged contact with patients, and that, too, is where the better and more truly Christian members of the nursing staff can have, and do have in many, many instances of which we know, a lasting influence for good on the lives and outlook of patients. To quote again from Dr. Orr, writing in one of our annual reports:

"In Travancore there are many thousands of nominal Christians, and most educated Hindus know the chief teachings and doctrines of the Christian religion. But

while they have the phraseology and theoretical knowledge off 'pat,' the real spirit of the Master is too often lacking; and that is where the Medical Mission comes in.

"If only you could sit quietly in a ward and listen to a poor coolie man laboriously spelling out aloud: 'He came to seek and to save that which was lost,' and if you could read his mind as he puzzles about the meaning of it, you would find him thinking: 'What does love mean? That was what the nurse did this morning when he changed my dressing so very carefully.' Or perhaps if you could listen on the veranda of the pay-wards while one inmate, a high caste Hindu, discusses with his neighbour, a 'hereditary' Christian, a little talk the doctor gave that morning, the discussion would turn to the inevitable topic, 'Why do they do it?' 'Why is this hospital different from Government hospitals?' 'No, they don't make money out of it. They do just as much for the poor as for the wealthy, and it can't be very amusing either, working from early morning till late evening seven days a week in the heat of the Indian sun. No, there must be something higher in it all; Christianity must mean more than pious phraseology and texts.' So these two men, so vastly different in thought and background, find a new realisation of the spirit of Jesus Christ and return to their homes, one to a place fifty miles to the north and the other sixty miles to the east. For them life can never be quite the same again: it has different standards and different values."

One of the first patients I remember seeing in Neyyoor was a girl whose knees were both bent almost double. She squatted on the ground, and in this position only could she walk. She had never been in any other position for ten years! Contracting scars, I think of burns, had held her knees fully bent for all that time. She lived in Neyyoor, although her home was a few miles away, and I often used to see this pathetic sight

shuffling along the road at a snail's pace. In 1927 I persuaded her to let me have a try to straighten her legs. After two operations, I got both her knees to straighten to the extent of 150 degrees—only 30 degrees short of full straightening. For the first time for ten years she could now walk. And as she did so, the scars, little by little, stretched to their full extent, so that now she is perfectly able-bodied, and walks about all over the place exactly like anybody else. I still see her frequently, twelve years later, and thank God who has given to me and to so many thousands of other surgeons the ability to turn a hopeless cripple like this into an able-bodied citizen.

Every year we do a large number of operations for cancer of the lower jaw. Removal of the complete half of the lower jaw is the usual operation performed, and it is a very severe operation carrying with it the highest mortality of any of our more frequently performed operations. Last year, for instance, fifteen out of ninety-two such cases died. One day, some years ago, I had operated on a case of this nature. The next morning he was nowhere to be seen. The night nurse had attended him up to five or so in the morning, and while he was out of the ward for a few minutes the man had apparently run away. Fortunately, we knew his address, and despatched somebody to his village. The man was tracked down, and was sitting on the floor, on the veranda of his cottage, looking very unconcerned. He was brought back in a bullock-cart to Neyyoor. But he told us that he thought, the operation being over, that nothing more had to be done, so as soon as daylight came he had just walked home, a distance of five miles. It is amazing what some people can stand.

Talking about patients who ran away, I had an amusing, though I fear a sad, case only a month ago. A patient came in complaining of what appeared to be cancer of the stomach. After the usual questions,

I told him to lie down on the couch in the consulting-room, in order that I might feel his stomach. He refused to do this. He said he was a well-known *vaittyan*, and there was no need for him to lie down on a couch. I replied that I must put my hand on his stomach and feel if there was any tumour to be felt. He got very angry, said that if I couldn't diagnose his disease from his pulse, I was no doctor, and took to his heels and ran out of hospital. I've never seen him again. He had paid a Rs.5 consulting fee, too. We see a great many patients who expect rapid cures. The *vaittyans* nearly always promise their patients a cure within a week, and we continually get requests to do the same, or to "guarantee" a cure. One day a wealthy banker brought his wife to see me, suffering from acute appendicitis. I told him that she must be operated upon at once—within a few hours at latest. I also mentioned a very reasonable fee for the operation—which, like all our fees, had to be paid in advance. We insist on this in order to get all haggling over early; if a bill is sent on the patient's recovery, it is very doubtful if it would be paid. Moreover, kindly treatment during the illness would be misinterpreted by the patient as a mere device to put him in a good humour for the bill. But if the bill is paid before the operation, any kindness that is shown to the patient can have no ulterior motive, and is more likely to act as a real piece of Christian witness.

Our wealthy friend, then, was asked to pay Rs.500 in advance. "I can't pay it," he said, "unless you guarantee a cure." "I never do that," I replied. "Only the *vaittyans* do that. But I guarantee to do my best, and I think that we will cure her if she is operated on this morning. But don't let the operation be delayed." He was a business man, however, and he must have some sort of a guarantee. But we are business men, too, and have our rule of payment in advance. Finally, it was agreed that he would sign a promissory note to

pay the money on the day his wife's stitches were taken out. I went off into the operating-room to get on with the first case, leaving him to write out the note in Tamil. When I had finished the case, I came out to him again. "Let's see your note," I said. It was something like this: "I agree to pay to the Medical Mission the sum of Rs.500 or interest on the same at 5 per cent. per annum. . . ." I tore it up. "Now write another one without the interest at 5 per cent. in it," I said. He did so at once, and signed it, and paid up like a man at the appointed day. He told me afterwards that he respected me far more for tearing up that note than he would have done if I had accepted it, and said he wished I was his partner in the Bank. Poor fellow. Little does he know how appallingly unbusinesslike I am or how badly I keep books, or he would never have made so rash a statement! His wife got on very well, and was walking about only just over a fortnight later.

Another fairly well-to-do patient I remember was an old man who had two sons. We had not fixed a fee for the operation, but had been gently talking "about it and about," when we suddenly discovered, from another patient who came from the same village, that the old boy in question was a wicked old sinner who had got his money in the following way: He used to lend people money, especially obliging anybody who had land, not too far away from his own, to offer as security. Terms would be generous until the victim was thoroughly committed and unable to pay, when he would suddenly demand immediate payment, and seize large properties in default of same. There is an unjust law in these parts which permits property far exceeding the value of a security to be seized if a debt be unpaid.

For many years this old boy had been adding house to house and field to field in this way, having capitalised his venture, it is said, with less than £100 at the outset.

Now, I don't know to what extent it is really Christian to let the private morals of our patients interfere in any way with our relations towards them; but I do know that, Christian or un-Christian, I swore an oath when I heard that story that I would not touch the case without a fee of Rs.200 in my hand. The father was delighted, and perfectly prepared to pay; the two sons put their father down as a bad risk in any case, and considered that, practically speaking, it was they who were going to pay Rs.200. So for some days deadlock ensued. Finally, the sons, hoping that the operation would kill off Father (and get them the property) more quickly than Nature, which seemed to be working rather slowly to that desirable end, consented to pay up, and I operated on old Daddy. I am sorry for the poor sons, but the operation was successful. It is ten years ago now—and the man is still alive. So the sons have not yet inherited the property. I guess they consider that Rs.200 the worst investment they ever made! I still see the old chap sometimes, very genial and pleasant. A veritable angel of light—still, no doubt, amassing property.

Many of our patients are centres of what to us may seem a commonplace incident, but to them is a real drama. That is one of the disadvantages of a busy life. We must try to remember that the short time a patient is consulting us, though part of life's routine for ourselves, may be the supreme moment of a lifetime to them. Many patients have travelled for days to do it, and the opinion we give, or the operation we perform, may settle the life or determine the crippling or otherwise of a patient. But in the course of our routine work, the dramatic does occur—in the operating theatre especially.

Here's a little girl, aged six. Her mother lost her eldest boy only a few years ago, and then her second child, a girl. And she has come 200 miles with her third

and only living child, in order that I may take out the girl's tonsils. She has an idea that it is safer to get it done here than anywhere else. So, with her only child, the apple of her eyes, this good lady has come to Neyyoor to have the operation done where the risk to her child is less than in any other place she knows. The stage is set, the most careful of our Indian doctors has been chosen for the chloroform, the child is on the table, and I am washing up and very nearly ready. I told the Indian doctor how careful he must be—only child out of three, and all the rest of it; and perhaps I made a mistake in doing so. Certain it is that when I was washed up, and turned towards the child, ready to do the operation, the poor little girl was dead. As white as a sheet, no pulse, no breathing—absolutely dead. "Quick! The adrenalin!" I shouted. The sister standing by rushed for the syringe and filled it with adrenalin. I plunged the needle into the heart of the little girl, and injected a few drops, and then began to do artificial respiration. In a few minutes she was breathing, her colour was back, her pulse had returned, she was alive again; and I proceeded calmly to take out both her tonsils as if nothing had happened. At the end of a few minutes more we had landed her safely back into bed, and the mother has no notion to this day of how nearly she lost her third and only child, through having brought it "for safety" to Neyyoor! As a matter of fact, it is quite possible the accident might have happened in another hospital, where they might not have been so quick with the remedies nor so successful in the outcome. So perhaps she *did* do the right thing in bringing her child here.

Talking of bringing people round from death, the general public does not realise how often that is done. In India we cannot use gas; its price is prohibitive. We cannot use ether; it evaporates into the air. So, if we want an inhaled anæsthetic, it has got to be chloroform.

Although chloroform is far purer, and therefore far safer, than it used to be years ago, yet it is not without its dangers, and an overdose is fairly easily given. On one occasion this happened while I was operating on a leg. I hastily asked, as in the case of the little girl, for the syringe full of adrenalin. But although this usually restores beating to a heart that has stopped, it did not do so in this case. So I gave some rather violent artificial respiration for a minute or so. Still no trace of a heart-beat. I rapidly painted the abdomen with iodine, cut open the upper part of it with an incision long enough to admit my hand, and proceeded to massage the heart. After a few minutes, it started to beat on its own. The abdomen was closed, the operation went on and was completed, and the man when he found himself with an abdominal wound as well as one in the leg may have felt some surprise; but he never asked me any questions about it, and I dare say he thought it was just part of our magic—one of the holes we had made, to let the devil get out of his system.

While we are on the subject of magic, here is a remarkable and perfectly true story about a family I know very well, although the actual "patient" in it was not under my treatment, being many miles from Neyyoor. A young married woman, who is one of my wife's friends, was about to have a baby. A few days before this event, a certain Brahmin saw the girl's husband walking down to his business. So he crossed the road, and settled down to a conversation. "Your wife," said the Brahmin, "is shortly going to have a male child. He will have a birth-mark on the left side of the lower part of his back. She will be anxious about his health, but you must not spend a lot of money on doctors, for the child won't live long. After a few months, the life will pass out of the child by the legs." Shortly afterwards the child was born, and had a birth-mark exactly as had been described. After getting on all

right for a month or two, the child in its third month of life suddenly developed osteomyelitis of the femur, a disease that in a little baby is invariably fatal, so far as I know. The life, as predicted, "went out by the legs." Is Mr. Dunne right, and had the Brahmin seen it in a dream? Or is there something in horoscopes? I leave the explanation to you.

Here is another story about acute osteomyelitis. A small Brahmin girl came to us a few years ago, about as near to death as it is possible for a child to be. She had got that most terrible of all children's diseases, acute osteomyelitis of the femur, the large bone in the thigh. Even when treated by immediate operation, the mortality of this disease is high—and here was a little, frail girl, who had just managed to survive the critical first three days of the disease, and who had been brought here—too late, I feared—on the fourth day. We had to operate, to make a hole in the bone out of which the foul matter of the disease might drain; in this was her only chance of life. But the operation itself carried a grave risk. Still, it must be run, for the risk was almost infinite without it. Her parents were very sensible, when we told them this. They simply said, "We leave this entirely in your hands. You do just what is best." As quickly as possible, under light chloroform anæsthesia, I made two holes in her femur and drained it, one at each end. She was desperately ill for a few days, and so pulled down with the first week of her illness that she had almost lost the power of recovery. For weeks she hung between life and death, her fever up to 104° every day, and her pulse rapid and feeble. But in the end she rallied, and after several more smaller operations had been done, to remove pieces of dead bone, and she had stayed for several months in bed, we had the joy one day of seeing her actually walking about on crutches in the compound. Her mother was a perfect brick, one of the best type

of quiet, devoted Brahmin mothers; and although our nurses did a lot for her, it was really her mother that saved her life, more than anything else, except perhaps the Divine hand of the Great Healer. Her little brother brought along all her meals from outside, for, being Brahmin, they could not eat food cooked in the Hospital, except by Brahmin cooks.

She came in, half-dead, and walked out of hospital—one leg 2 inches shorter than the other, but healthy and sound—after six months.

Sometimes, when we cannot cure people's bodies, we can do a good deal for the part of them that really matters most. A Hindu woman came in with advanced tuberculosis of lungs and kidney, and was beyond any medical aid. Disappointed because we could not cure her in three or four days, she bought some coconuts, eggs and plantains and a garland of flowers, and asked the night nurse to allow her to go out to a village heathen shrine, to make the offering to the local *ammal*, a rather terrible female deity of malignant attributes, who is the usual object of animistic village worship in these parts. The nurse spoke to her tactfully about the futility of an offering to a goddess of clay, and told her about a Loving Father who requires no such sacrifices, but only wants our love and trust, and persuaded her to remain in hospital. She became most interested in all the Christian stories, and her whole mental attitude changed. Her poor old body was no better, and I have no doubt that she has long ago left that behind her altogether. But she found comfort and peace in God as Jesus Christ reveals Him, and in that comfort I believe she now reposes.

One patient's story, although I have recorded it elsewhere, is so striking that I feel it must be set down again. He was a schoolmaster and had developed tubercular disease of the tibia, the larger of the two bones of the lower leg, to which had apparently been

added a secondary infection. The leg got worse and worse. Complete rest, careful dressing and everything we could do seemed to be of no avail. The leg got worse, and the patient himself too was going downhill in general condition. Amputation was advised several times, but the man had got it into his head that the leg could be cured, and refused to have it amputated. Finally, as the condition both of leg and patient was getting still worse, I sent the X-ray picture of his leg to a very good surgeon in another part of India, and his opinion confirmed mine that the leg was incurable and amputation offered the only chance of life. The patient consented to this, with a condition. "Will you let me keep my leg for three weeks? I don't believe it is God's will for it to be lost, and I am going to pray about it. If it is not better in three weeks, you can take it off."He went home, feverish, flushed and ill, and three weeks later, true to his promise, he came back here again to see me. He certainly was looking much better, and was actually putting the foot to the ground, with the aid of a stick. X-rays showed that the bone was remarkably improved, though not yet free from the disease, and his general condition was amazingly good. He told me that he was sure it was against God's will that his servants should suffer in this way. He collected his family and some of his friends, and asked them to pray for the leg. "I have a life before me of service to God if I can keep my leg," he said. They organised a week of continuous prayer in this household of faith, and—to make a long story short, the patient within a few months was walking about and playing games, and witnessing to the power of God to heal and to save. Here was a simple country schoolmaster, whose family three generations ago was worshipping devils, exercising a measure of faith which we materialistic Europeans have forgotten, centuries ago, how to use, and witnessing as the natural and *expected* response a healing

which seems to us miraculous, but which I personally believe to be the natural consequence of faith properly applied and unreservedly resting in God. It is cases like this—at present rare even in India—that make me to feel that India may be able to reinterpret Christianity to the West in a way which will surprise us all. The trouble is, we so often hamper the Indian's own Christianity by mixing it up with our own denominations and our own very doubtful interpretations. But where it is accepted "as little children," and where faith is really simple and sincere and free, who can say what heights India may not reach in the demonstration and exercise of that faith which we of the West have rationalised almost out of existence?

One more story of a little child—the only son of a Hindu family. The other two children had both died. And here was the little boy with a large sarcoma of the thigh. His lungs, where secondary growths may occur, were quite free when we examined them in the X-rays. So we must amputate the leg and remove the growth. He was a poor little scrap of a boy, but he had to stand the operation or be faced with certain death. So we removed his leg at the hip-joint. He had had continual pain for months, owing to the invasion of nerves by the growth. But when once the leg was off, there was no more pain. A smile came back to his face, and he used to dash about the place on crutches with tremendous energy. We heard of him some months later with no recurrence of the disease, and it is at least possible that we really saved his life and that he will grow up healthy and happy.

This chapter is just a small, random selection from thousands and thousands of patients. I hope the reader will realise what a joyful life it is, bringing help and health into these lives and so many thousands more like them. But the very numbers we deal with sometimes prevent us—in our human limitations—from

giving of our very best all the time, which is our aim; witness the following extract from my diary, which can be made to close this chapter on a fitting note of confession:

February 18. Two strange things happened to-day. A patient came to see me, just as I had finished my morning's work, and the staff were all anxious to get their teeth into their Sunday dinner. So I told the patient—who was a chronic case and could easily wait—that I couldn't see him until six this evening.

"All right, I'll stay till then," he replied, "but could you please give me the medicine and prescribe my treatment *now*, and then you can examine me at six." I knew what was the trouble, our old friend the "Ragu Kalam."[1] On Sundays this inauspicious time is from 6 to 7.30 p.m. During that time it is perfectly all right to examine a patient, but not to prescribe treatment or to operate upon him. In order to do things in the manner prescribed by religion, this patient, an old man with a high blood pressure and early tubercle, was quite happy to think I could prescribe his treatment first and examine him later.

The illogicality of doing things this way round never occurred to him, and he would have been perfectly content if I had given him prescriptions and instructions before examining him at all.

Another strange happening. A man had come 200 miles to be treated for cancer of the jaw. I had given him a large dose of radium, which means that two or perhaps three people whom radium might have cured had to have their radium treatment postponed. Besides that, I had done a difficult operation, removing his lower jaw on the left side. But there was one small gland remaining. I knew that if he went home with that little gland, the disease would recur, and the

[1] The time of the devil's influence, lasting one and a half hours, at variable times, each day.

effect of all our treatment would be rendered useless. I thought especially of the two cases who had definitely risked their lives to save his, and told him he *must* have that gland taken out. I would do it to-morrow, and he could go home very soon. "But I must go home now," he said, "I can't stand the food here. It is not the same sort of rice that I am accustomed to." "If you go home, you go home to die," I replied. "You must stay a few days. I'll do the operation to-morrow." "I'd rather die than have three more days of this rice," he retorted. Once again I thought of the two who had risked—perhaps even sacrificed—their lives for him. Indignation, I fear, got the better of me and I thought: "I must do something drastic to bring the man to his senses." I gave him a good smack on the head, and said, "All right—go home and die, and may God have mercy on your soul." The man slunk away, head bowed down. A pathetic figure, I reflected. What a brute I am to smack a dying man. Yet I can't help thinking that I did it for a purpose, and the purpose may be fulfilled. So after seeing the remainder of the thirty or so cancer patients I stepped down to where our poor friend was sitting. "Now, my good man, be sensible," I said. "I gave you a smack to bring you to your senses. Did you come here to die or to be cured? A few more days, and you may be able to go home cured." A little further reasoning, and he was persuaded, and to-morrow I do his gland operation. But still, I regret the smack. It was not the kind way of doing it, not the Christian way.

"Hold thou my hands—
These passionate hands, so swift to smite,
These hands too eager for delight—
Hold thou my hands."

The only way to be a missionary is to "keep in touch." A momentary lapse from contact with God,

and trouble may be done which takes years to live down. Smacking a patient instead of speaking kindly but firmly to him shows that I was then out of touch with God—out of touch for long enough to have allowed the old Adam, impatience, hastiness, even a touch of anger, to assert itself. Contact has got to be continuous until it becomes so automatic that one's nature is suffused with God's way of thinking about things and His way of speaking and acting and loving. That is what St. Paul means when he says, "Let this mind be in you which was *also* in Christ Jesus."

CHAPTER XXIII

LETTERS, AND OTHER THINGS

IN the last chapter I gave the description of a selection from among our patients. But here is a patient's description of himself:

"*Disease.* I am suffering from this disease from five years. Though there is nothing visible outwardly it is increased it its up most degree. There is heat in the lower part of my stomach which often produces extrem heat to the different parts of the body. Due it this there is a great giddiness is the head becomes in active, which affects the brain, often becomes lazy and sleepy. This also affects my breathing and Tone does not with stand in my clinical songs. No interest it take food often times. This heat becomes it its greatest degree either taking a long reading or writing or becomes very hungery or takes a hot meal or takes sugar and coffee. Since three years there appeared a small part about the centeral part of the stomach with a beating like the puzzle with up normical heat and stiffness. very often there is a sound (belching) produces. different medicines Ayurveda and english medicines used from this hospital and other places. There is not the least good result.

"Yours loving patient,
"____."

What am I to make of that? Frankly, I don't know. The only thing to do in this, or any other case of a patient who writes to me, is to say, "Come to Neyyoor for a personal examination." Then perhaps I can tell what is wrong, and treat him accordingly.

My letters are by no means always from patients, or

about medical matters. Very often they are simply begging letters, but the way they are written makes one very doubtful as to their genuineness, and even sometimes as to their meaning. For instance, I have not the remotest idea what the following is driving at:

"MY BELIVED FATHER,—My god son yours every day I is prayer. My childs son and my grandmother or our prayer please give your unclean any thing a work for my son aged 5 and I am my letter to sent your read my letter. But those men was very angry for. To me I frightened got to my small house. Oh Oh Oh Save me Save me. from very danger every day I can see my salt in your beautiful body I see your fairies face. Photo give me and I am worship is. I come Kundara today ten clock night I see my father give some money. My requestat yourm something reply tell not me. I am very sorry I want your kisses because you must come to my house and save me from those men. Please I am give senting. I am very common love your for by yours loving son "K. N——."

Whatever this may or may not be driving at, my daily impression when I see my ugly face in the glass at shaving time is that the "fairies face" part of it, at any rate, is a bit off the mark.

Besides the most amusing and bizarre letters about their diseases, patients send me a variety of requests in letters, some of which are touching and pathetic, some of which cause great amusement to my wife and myself, as did the letter of one young lad, just left school, who proposed quite seriously that my wife should come and live with him (leaving her poor old husband, I presume, to get on without her as best he could). Needless to say, these letters are more often begging for financial help than for anything else, but they are a varied assortment:

"MOST REPECTABLE GENTLEMAN,—My heart is fully broken since I curse my fate in not saving myself under the shade of your parental affection for me. I am the most cursed creature pushed down by God to suffer all the diversities and the black sides. My house and property were confiscated by the creditors as a consequence of the debt incurred by my father. We are now nil-housed, ill-fed, and ill-dressed. I request you to be kind enough to give me at least Rs.100 to enable me to recover the property. O! my benevolent benefactor! may I rest under the shade of your mercy! Please send the sum.

"Your most obedient servant."

A good business-like ending, and no equivocation in the last sentence. I fear I sent nothing, not even a reply. The people lived within easy walking distance, and could have come themselves if they really hoped to get anything out of me.

"DEAR SIR,—My family is poor, I am 24 years old, and I cannot work as I have nobody to recomend me to a job but my God. Often while I am praying to God with troubled heart, God is saying to me, 'Write to Dr. Somervell to help you. I will you through him.' Thus I got a reply for my prayer. So with a divine order I am asking help from you. If you refuce me it will be a mistake on your part before God. My greatest desire is to go to America and study Bible. So I request you to send me a recommendation letter to any planter or Estate managers so that I get a job and can save money to go to America to study Bible. If you do not do this I will surely die. If you refuse me you have the responsibility of my soul before God, and you will have to answer before THY on the great day.

"Yours faithfully,"

There is a spiritual blackmail, if you like! But I fear the lad got no letter, though I answered his screed and told him why one can't recommend for a job a person one has never seen before.

This business of recommendation letters is a terrible Indian custom. The entire youth of Travancore, most of which is unemployed—much of it unemployable, being educated and therefore too proud to do a man's work—the entire youth of Travancore are convinced that a letter from a European has a kind of magical influence and will get them a job anywhere. In my early days in India I was approached by the son of one of our own medical men. I knew nothing about him, so I wrote: "I know this man's father, but I don't know the man himself, and he may be an arrant scoundrel for all I know." He got the job! The bribes asked by the various underlings in the office were so prohibitive that the applicants could not afford them, and my letter to the Chief got my friend an audience without bribes! Being the only one who obtained the audience, he got the job. At all events, that is the story that he told me himself. It was a most unfortunate occurrence for me, so early in my life in India. The story of this letter went the round of Travancore, and is still remembered, and with it went the superstition that my "recommendation letter" was a particularly potent form of magic. On the average, I have had to refuse to give about three letters every day for sixteen years—say 5,000 letters—besides the very occasional ones, to people whom I really do know, that I give now and again.

Then there are the informing letters, invariably anonymous. If they pick out a certain incident and call attention to it, I take some notice. But they usually fail to impress, simply by pulling the whole character of their enemy to pieces to an absurd extent. Here is one:

"RESPECTED SIR,—It is extremely lamentable to note that the Mission Doctor at —— is an incarnation of immorality. He engages himself in all sorts of undesirable professions. He has some favourite places and houses to frequent, and women too. Such a man is unfit to serve the mission. If you want to know what he is doing come to his gambling den, and you will see his timber trade carrying on, with the money put to his own pockets. He must be summarily dismissed from service or the mission work may be a failure.

"From a citizen."

Here is one from a disappointed contractor whose tender our Committee did not accept:

"DEAR SIR,—Since Mr. Harlow has been appointed he gives contracts to those who bribe him with good sums of money. Why cannot Dr. Harlow find a better contractor than —— [who got the job] a man of no experience? Reason is that purses are satisfied. He has made a cunning estimate of 320/– for the well and given the work to an ordinary cooly for 100/–; 220/–, in his pocket. Dr. Harlow is ready to give a work to anyone who presents him with a parrot, irrespective of his quotations. These are to be watched. Do not trust in the cunning jackals. Please do justice. "YOUR FRIEND."

The letter was obviously a side-thrust at myself, for it was to me, not to Harlow, that a village contractor had recently given a parrot. We had the parrot for some years, and became quite fond of it, but it was not much of a talker, and we never *could* get it to say "Botany Bay" to Miss Pidcock, who hailed from Sidney, however hard we tried.

A very different letter:

"MY DEAR SIR,—The little boy who was in S.C. ward Bed 5 earnestly requested me to write to you and say that he prays every day for you and the Hospital there."

The boy, aged nine, himself signed the little letter, which is one of the nicest and simplest letters anyone could receive.

Occasionally we get in a letter a real piece of encouragement and the assurance that our work here is bearing fruit in more ways than in the healing of disease:

"I am the son of an orthodox Hindu from a village a few miles away from Nagercoil. The villagers are mostly heathens and I was also brought up as a Hindu. But I was educated in a Mission School, where I passed the Seventh Class Examination.

"About two years ago, I had to undergo a serious operation at Neyyoor for some disease. I was very much attracted by the sympathetic and kind treatment and by the Christian atmosphere felt at Neyyoor Hospital. Since then I felt some change in my mind and wished to accept Christianity. I was cured not only of my bodily disease but also of my spiritual disease. Now I am a true convert in spite of the persecutions both from my parents and from the villagers. But now my father has allowed me to have my own way and I am very strong in my faith and I am to be baptised very soon.

"Now I take this opportunity to thank you most heartily for guiding me in the true light and enabling me to lead a Christian life. I wish that your efforts towards the evangelisation of the gospel in this land be ever fruitful."

Here's another patient, attempting to be helpful with a self-made diagnosis:

"Always a roaring sound within the belly, the ribs adjoining the waste begins to swell causing pain, and three balls of wind decend from under the stomach a little above the waste. The wind goes round and round and up down attended with grate pain. This process of

enlarging and vecoming small within a limited time is walking finds inexpedient pain throughout all joints, in the same state 10 months. Till now nobody can diagonize the dicease. Hmbly request your honour to remove the disease at any better treatment injection or any way your honour would choose the cost ready to meet general dibility unable to attend any business being young feel sorry married."

Same answer; come and see me.

The next letter in the post-bag is one from home.

"I am afraid it will be a lonely Christmas, by yourself with all your dear ones at home, but I expect you hardly have time to think of that—and, anyway, one of the marvellous things about believing in spiritual things is that space ceases to have so much significance. I was just thinking the other day when comparing my lot with a friend's who has no religion, what vast things are involved. We can close our eyes and we are in a world where Space and Time, Age, Death and Possessions are comparatively unimportant, whereas their thoughts are bounded by them. It is strange that the Highbrow is so inclined to look rather pityingly at the Christian."

This letter from a patient would I think prove a puzzler to Hindu theologians:

"RESPECTED SIR,—Why should you remember me who am but a blot on the fair landscape of God's earth? Yet I am ever so thankful to you, sir, my Saviour from a whole life. When I came there I was near dead and could only realise that I was just a living one. After your operation O my Saviour I am in another reincarnation. I am a Hindu and believe we have all in duty bound to pass through a certain number of incarnations. I have died when you give me the chloroform and I now wake up to a new life. I am young again and you have saved me a whole incarnation by

giving me a second life in this world, so I will certainly recommend you to my friends."

A letter I was asked to give last week has an amusing story attached to it.

There are to be six inspectors of police chosen, and to allay all grievances there is to be a competitive examination. The state of unemployment in Travancore is gauged by the fact that I am told there are several hundred applicants for this job, although a B.A. is a necessary qualification for it. There will therefore be several hundred candidates for the examination. One of these came to me and asked me for a "letter of recommendation." I said to him, "I don't understand. This is a competitive examination. No letters required." "Oh, but, sir," he blurted out, "they say that five of the six successful candidates are already chosen, although the examination is only held next month, but couldn't you give me a letter asking them to give me the sixth place?" "How much have the successful candidates paid for the privilege of being successful at such an early date?" "Oh, one to two thousand rupees, they say, sir, but it may not have been as much." Well —we'll leave it at that! The exam. is not over yet. But I got him to write down the names of the chosen five—just to see if there is anything in what he says.

Regarding the question of bribery, one boy I know in a certain Government department told me that he has been for two years the second on the promotion list; but heaps of lads have been passed over his head, owing to their having paid bribes. He said that "a seniority list is put down every month, and the order varies each time, according to which of them has been paying a bit of money to the powers that be since the last list was published." But, say I, there are other reasons for people not being promoted exactly when they think they should be.

A boy of strong character whom I know very well, and who has a job a long way from Travancore, came to me one night, and said, "Sir, I am constantly being told by my superiors that the only way to get a rise in my department is by paying for it. I am just as often offered money by my inferiors in order to give them a rise. So far I have refused either to give or to accept a bribe. But it's very hard, and everyone expects you to do it. They say they've never had anyone in this department who didn't do it before. What do you advise me to do?" "Keep your slate clean," I said. "You have got something of priceless value—a character unsullied so far by a single bribe. If you take one only—the slate is smudged over, and nothing can ever wipe it clean again. Your sin may be forgiven, but it's done, and men will know it's been done—and nobody can blot that out." I hope he kept my advice. If so, I bet he had a hard time in front of him.

We do not suffer from the universal Eastern custom of bribery so much as many people I have talked with who are working in other countries. But we do come across it occasionally, to our disadvantage.

The other day, for instance, we had to buy a piece of land, and the price asked was too high for the value of the property in that particular place. So we asked the Government to get it for us, a thing which they are always prepared to do for public utility services, at a reasonable rate. Round came the Surveyor, with a broad hint that if we would make it worth his while he would see that we got it cheap. We are emphatically of an opinion that, whatever be the custom of the country, a Christian should neither give nor receive bribes, so that Surveyor went away with no extra money in his pocket.

Result: we had to pay 50 per cent. more for this land than the price originally asked by its owner. We paid the money over a year ago, and have not got the

land registered in our name yet, so cannot use it.

A favourite way of inviting bribes is by causing inconvenience in import permits. A few years ago, our import permit for October arrived on November 3rd, three days after it had expired, and this technique was repeated for three whole months, the November permit reaching us on December 2nd, and the December one coming on January 4th. All the time our year's supply of morphia and similar drugs for the relief of pain in Travancore was held up by officials, hoping that our annoyance would finally lead us to bribe them and get the stuff in. When they found we were unyielding, they threw in their hand, and the January permit arrived actually in January!

As far as our own finances are concerned, we sometimes have great difficulty in getting money from patients who ought to pay it. The large staff, expensive drugs, free food and treatment for 100 patients every day mount up, and compel us to charge for operations, X-ray fees, consultations and so on. Only those are charged who can afford to pay, and that only according to their means. Some people are extraordinarily decent, and only last week we under-estimated a patient's wealth and charged him Rs.100 for an operation. His father wrote to me a few days later, paying this fee and adding Rs.200 more. Another bill for Rs.30 was answered by a cheque for Rs.100, and for another of twenty and odd rupees we received a cheque for double the amount. But the reverse happens only too often. Many patients dress in their oldest and shabbiest clothes and remove all jewels. We sometimes see a bus or car stopping a mile or two short of the hospital, that the occupants may change their clothes and appear to be impoverished. A man who is in hospital now made a slight error in calculation, for after coming into a general ward with dirty clothes and no attendants, he engaged a private ward and got his luggage

into it about an hour after the operation was due to take place. Unfortunately for him, that was a busy day and his operation had to be postponed until the following day. But he had shown his hand, and instead of the Rs.10 fee we were going to charge him, we made it Rs.100. He knew he had been "had," and paid up! After the operation, two car-loads of swanky relatives turned up, and he seems to be a wealthy man who probably should have paid Rs.300 or Rs.400.

We often and often get "done" by the various wiles practised on us by well-to-do people, but, while an occasional outburst of righteous indignation is called for, it is always best to be good-tempered about it and preserve Christian relationships with the patients. I must say it calls occasionally for forbearance and self-control; one does just long sometimes to tell people what one really thinks of them. But we have got to remember that the custom of the country is to pay individuals, not institutions. Several times I have taken a fee from a patient, and said to him, "I'll give you a receipt for it so that you will know it has gone into the hospital funds." And the reply has been, "Oh—doesn't it go into your pocket? I thought that you got that money for yourself. If you don't, let me have some of it back!" Money paid to a person is bound to bear fruit in better personal attention. If paid to an institution, what guarantee is there that the best will be done? The universality of this idea is a cause of temptation to all members of the hospital staff, who are continually having small sums offered them. All honour to them when they refuse them, as they often do. And our answer to this mistaken idea has got to be this: that we must one and all make our personal attention as good as time and circumstances will allow. Rich or poor, private patient or poor beggar on free diet, all must have, equally, the best we can give them.

CHAPTER XXIV

FELLOW-WORKERS

OUR Medical Mission is part, of course, of a much larger whole—of the work of the Church of Christ in India. From the standpoint of a supporter in England, it is part (and a large part, too) of the work of the London Missionary Society. In numbers of patients dealt with, it represents about one-third of the total medical work of the L.M.S., a fact of which I am never tired of reminding our bosses at home when asking for reinforcements. But from the standpoint of ourselves out here, we are part of what calls itself somewhat ironically the South India United Church—a union of two denominations only out of the many whose representatives are working in this small area of the mission field. Still, it is a union, a real union as far as it goes, and we all hope that it is the first step to bigger and better things. The Church itself, about which we will say more in the next chapter, has other activities, besides the hospital and medical work, united with it in a loose sort of way. These various institutions are run by different committees, all of them under the Church and Mission councils, whose minutes go up to the Board of Directors of the L.M.S. at home.

Our preoccupation with our own job, however inevitable—and in a sense desirable—it is, of necessity gives us a bias in its favour, and we are perhaps apt to forget that the Christian College in Nagercoil, the High Schools there and in Quilon, the various vernacular schools of all sizes, and the village industries which

give work to the women, are all run by the same Society, supported by the same subscribers, and staffed by members of the same missionary body as ourselves. An enthusiast for medical mission work like myself is apt to grumble sometimes at the excessive keenness shown by the Mission for, say, education. "Here is something Government ought to do and can do as well as we can" comes into one's mind, until one remembers that, just as there is something that a Christian hospital can give which you will never get in a Government one, so there is about a Christian school—to say nothing of the special times for teaching the Bible or the organisation of Christian fellowship among the students—an atmosphere which a Government school can never reproduce. We in our way, and they in theirs, have each got to try to interpret to the coming generation what we feel to be the message of God for them. Many will say, "It is the same message always, and always was. The message of salvation." I agree, but with the advance of modern thought our ideas of what salvation really means are surely progressing year by year? Salvation has to do, not merely with the forgiveness of the past, but with the building-up of the future. God can save from this present world, and in this present world. God's way can put a stop to war and international hatred—if we will let Him have it, and not be tied down to our conservative theories of what is "ours," and why. The old-fashioned salvation-monger whose belief in Christ was actuated largely by the ulterior motive of what he could get out of Him, and who went on living a life of greed and selfishness and unloving narrowness—surely it will take all the "wideness in God's mercy" to include him; and the new-fangled humanist seems to have gone a bit too far in the other direction, with a patronising conception of God as his own better self. The message of God to this generation is not the message of our better

selves, but of the great and holy, yet loving and intimate God, who would come with His spirit into all our relationships, would join and support us in all our dangers, and would infuse and inactivate all our thinking with His standards of love and purity and honour and unselfishness. Living in this intimate presence of our holy and kingly Father, do we not find heaven on this earth, and are we not sure that all must be for the best as long as we let Him have control? That seems to me to be the modern way of putting the old message of salvation. "This is life eternal, to know God, to know Him as we see him revealed by Jesus Christ"—a knowledge which can and should begin now, and which it is up to us to try and help other people to obtain; partly by showing them that we have it, and are happy and confident; partly by showing them that we are conscious of having possessed only a little of the land, and are humble and dissatisfied with ourselves, however conscious we may be of the glory and love that surround us. Whether we are in medical mission, schools, churches or workers in village industries, if we all can show the people of the country that we are their humble servants, as well as being happy and sure of our wonderful Lord, we will be working together for the kingdom.

Other missionaries have remarked, "The people at Neyyoor are always so busy that they haven't time to be pleasant." In so far as this is true, and it must have some truth in it, we must take it to heart, and try to find, or make, "time to be pleasant." One of the world's worst sins is unfriendliness, and I fear I find myself often so busy that I fear I have deserved this remark. We cannot help being busy, for patients must come first in our thoughts and attention; but there is no excuse for being unfriendly.

In Travancore we are surrounded and intertwined with various other missionary and Christian bodies. The C.M.S. is working in the northern half of the

country and the L.M.S. in the southern. Both of us keep to our several areas, demarcated many years ago by a general agreement between the larger missionary societies, known as the "Comity of Missions." The C.M.S. do no medical work in their area, and I often wish they did. The swarms of patients at Kundara would be crowds of more manageable size if the C.M.S. had some doctors in north Travancore.

The Government, of course, has many hospitals in that area, and there is an ever-increasing number of private practitioners. The Salvation Army also run a few small hospitals there, but the bulk of their Travancore medical work is in the south of the country.

A very large proportion of the population of north Travancore consist of Syrian Christians, whose history is a long and interesting one, and certainly goes back to the days of the Nestorian Church in the fifth century, possibly even to the traditional visit of St. Thomas to India in the early days of Christianity. It is reported by Eusebius that there were Christians in India in A.D. 189, and these quite probably were the Church of Malabar founded by St. Thomas.

There are now in existence charters inscribed on copper dating from the eighth century and describing how the Christians had been given civic status second only to the Brahmins by order of the State. Their bishops, who officially held temporal as well as spiritual power, were consecrated in Syria and sent out by the Nestorian Patriarch of Babylon; hence the name, Syrian Christians.

St. Francis Xavier tried to win them over to the Church of Rome, but without success. But the Archbishop of Goa intercepted their bishops on their way from Syria, and by this and other doubtful methods induced nearly all of them to join the Roman Church.

The remainder either continued as Nestorians or broke away to the allegiance of the Patriarch of

Antioch and called themselves Jacobites. For many years these constituted the largest Syrian body in Travancore, but in 1874 their chief bishop (the Malabar Metropolitan, to give him his title) was excommunicated by the Patriarch of Antioch, and started a reformed Church called the Mar Thoma Church. They claim to uphold St. Thomas' original doctrines, and are much freer in thought and more evangelical in outlook than the Jacobites, to whom the Church is essential for salvation, and who reverence, in things secular as well as spiritual, the authority of the priesthood.

Bishop Abraham, of the Mar Thoma Church, is the most saintly man I know, and many of the Mar Thomites are real colleagues of ours in the things that matter. The Mar Thoma Church have an evangelistic keenness which is comparatively lacking in the other Syrian groups. They run several excellent pieces of social service, one of them a Mission Hospital, to which I pay an annual visit, and where I get the usual crowds of patients, and plenty of willing helpers, trained and untrained, to deal with them. To get to this hospital one has to go a mile or so in a boat, and I was rather outfaced the first time I went there by arriving at the little jetty to find two immense barges, one with easy chair, table, and cushions, for me; the other contained a band! This sort of thing, I am afraid, is not in my line, and before we had gone far I had taken my clothes off and begun to swim alongside the band's boat, striving to keep pace with it. The band arrived at the hospital landing-place with their visiting doctor's barge empty, and the said visitor puffing and panting in the water fifty yards behind.

Dr. Varghese, the medical man in charge, is an excellent fellow with a certain Christian simplicity of outlook which is very refreshing to one who is used to the complex mentality of the London Mission Christians. An interesting thing about this hospital is that

it is on the seashore, surrounded by fishermen and fish-eating people; the effect of fish in the diet is very noticeable in two respects; the hospital gets plenty of patients with duodenal ulcer, and with tuberculosis, but hardly any of these are from its immediate surroundings. Vitamins A and D in the fish protect people to a very great measure from these two conditions.

I look for a great deal of closer co-operation in the future between ourselves (the L.M.S.) and the Mar Thoma Syrians; our ideas in many respects are the same, and several of our doctors and quite a number of nurses are from that community. May brotherly love continue, and increase, and much work be done in true union and friendship with our Syrian neighbours.

The eastern side of south India, where C.M.S. and S.P.G. are working in the same diocese (of Tinnevelly) has a number of mission hospitals, staffed and managed by the S.P.G., including the fairly large and efficient hospital at Nazareth, a town twenty miles east of Tinnevelly, kept by my good friends, Dr. and Mrs. Vedabodagam. These two, both doctors, have built up a fine piece of work, run with a very high standard both of efficiency in their work and of honesty in money matters, which latter has proved in this country a stumbling-block for so many doctors when more or less left to themselves.

Rather nearer to Travancore, and very near to our own hearts, is the hospital recently started at Dohnavur where Miss Carmichael's well-known and splendid Fellowship keeps, educates and provides a home for hundreds of orphans (and others) who would otherwise have become temple girls, with all that that life implies. The connection between Dohnavur and Neyyoor is a very intimate one. For a time, in its early days, Miss Carmichael's work was actually carried on in a house in Neyyoor, in order to be within easy reach of a doctor if need for medical aid should arise, which it often did.

Now, many years later, there is a constant interchange of visits between the two, for the Dohnavur people often bring special cases over here, such as those requiring X-rays or difficult operations or special diagnostic methods; while we on our part often go for a visit to Dohnavur to get refreshed and strengthened by the large, united and loving family which is always to be found there, and which never fails to stimulate us when we are discouraged, and to bring us up to a higher spiritual level if we have allowed ourselves to get a little slack. Sometimes we are able to make our contribution by doing a few operations, or allowing the boys to hack our shins in a game of hockey. They are a jolly crowd, those boys—they always remind me of the phrase "whose service is perfect freedom." They are real servants of the King, most of them, and bound to Him by ties of love that while binding leave one free. I must not say more—this is supposed to be a book about Neyyoor, and lots of Dohnavur books have been written—but they are a splendid lot, both boys and girls, so nice and simple and full of the joy and love of Life. It is a great joy to visit them occasionally and join their family, who are always so kind and appreciative, and of whom both my wife and I are very fond.

Then there is the Salvation Army, who have a biggish hospital at Nagercoil, only ten miles away from Neyyoor, besides having centres of work here and there about the countryside. They are good friends of ours, and I send a great many of my eye cases to the S.A. Hospital at Nagercoil, which has had a good reputation for eye cases these twenty years and more. A great many of our missionary colleagues are Missouri Lutherans, the exact nature of whose teaching I have never been able to fathom, but it is said to include transubstantiation and to be absolutely essential for ultimate salvation. We get on very well with them, though one can hardly describe them as colleagues, for

I have been told by some of them that all we L.M.S. folks are going straight to Hell, having neglected to crowd into the Lutheran boat, which is the only one that will ever see the shore. The Seventh Day Adventists,[1] too, have another boat with slightly different rigging, and the Pentecostal League another two, each labelled differently and each confident of reaching the shore and from there watching the other craft one and all (including the other Pentecostal one) suffering shipwreck and foundering.

Now while, as I say, we are perfectly friendly with the purveyors of these various faiths, most of whom hail from America, I do feel that many of them should have stayed there; this whole denomination business is a travesty of Christianity, and is the one factor above all others which is responsible for the slowness of the progress of the Kingdom. The awful thing is this: what separates one from another is in every case a non-essential, often a man-made piece of magic which has nothing at all to do with Christianity or Jesus Christ. What does it matter whether you were baptised at the age of one month or twenty years, as long as you are now a devoted servant of Jesus Christ? What effect on your eternal future can the keeping of Saturday instead of Sunday produce, if you be not a friend and follower of the Master? It all seems to me to be wrong—really and sadly wrong. We missionaries, who should be united in our witness for Christ and our allegiance to Him, whatever day we choose as the Sabbath, and whatever method of baptism we employ, have set up a series of separate camps, with separate tabernacles and separate priesthoods, and spend half our time in proving that we are right and other people wrong. "*Divide et Impera*," says the Devil, and he has smashed up Protestant Christendom into a hundred conflicting pieces. No wonder the Devil rules this world of ours.

[1] The Tamil name for them is "Saturday Christians!"

Is it too late to unite? Can we not allow the folds to keep separate, while working for their sheep to unite as one flock, with one Shepherd? I was putting this point of view before our medical men the other day at our weekly meeting, when one of them informed me that in the villages the catechists and other Mission agents definitely tell their congregations to "have nothing to do with" these other sects, fearful lest some of their supporters may join them, and thus the L.M.S. Church will lose their financial support. It seems that this money business manages to creep in here, as everywhere, and with its tentacles to prize open the cracks and fissures in the Christian community and make them to gape so wide that the edifice that has taken hundreds of years to build is now tottering. I look for the day when we and the C.M.S., the Syrian Churches and the Seventh Day Adventists, and all the others too, will have free interchange of pulpits on Sundays, and of soap-boxes or schoolmasters' desks on the other days, and will combine in a mass attack on the Devil and all his works, on priestcraft and superstitions and caste and child marriage, and the really horrible things that heathenism implies and includes. Then we will get a move on at last; then we will be able to say with Paul "this one thing I do—I press on"; and if we will do it together, not worrying about the non-essentials, but uniting in our One Shepherd, perhaps it is not too late to set up the standard of Jesus our King in India, and to see the dawning of a brighter day, when the kingdoms of this world shall become the Kingdom of our God and of His Christ.

The latest fellow-missionaries to start work in Travancore are the Hindu Mission, and they must have their place in this chapter, although they are anything but colleagues. Travancore Census returns showed recently that the numbers of Christians are going up a good deal faster than the numbers of Hindus, so that

if this rate continues, in a few decades over half the population of Travancore will be Christian. At the time of the Ezhava Movement, described by Godfrey Phillips in his little book, *The Untouchable's Quest*, when it seemed that this great community might be going over to Christianity in a mass, the supporters of the Government and certain keen Hindus started this Hindu Mission, and have been doing ever-increasing propaganda to try to re-convert Christians into Hindus again. One of their chief methods applied to school-children was employed by means of the Hindu school inspectors, of whom there are a fair number. The State pays a grant towards the education of the children from the so-called "depressed classes." Attempts were made to make this grant payable only to Hindu children and not to Christians. In some schools where, in the middle of the school year, many of these grants had already been paid, Christian children were suddenly confronted with a *retrospective* claim for this grant, in many cases being told that they must stop attendance at school immediately unless the retrospective grant of Rs.10, Rs.20, or even Rs.30 be paid—a sum outside the capacity of their families to provide in nearly every case. But if they change round and become Hindus, this repayment will be excused and the grant will continue. I am thankful to say that many of our L.M.S. Christians, and others from the Salvation Army, too, stood their ground. In some cases the boys stood up in class, and said, "You can keep your money. We would rather die than become Hindus," and walked out of the school.

As well as this bit of dirty work, the Hindu Mission are actively preaching at street corners and market places, and using every opportunity to frighten the people into becoming Hindus. Lurid posters are displayed with pictures of the Hell that the Christians are bound for; agricultural labourers are in some places

told by their landlords that there is no work for them unless they pray to Rama or change their names to Hindu names.

Near one of our branch hospitals is a large area, some hundreds of acres, of common land under the control of the Government. For many years the peasants of the lower outcaste communities have been allowed to graze their cattle there. Now all that is changed unless you are a Hindu. No outcaste Christian is allowed free grazing on this common land; and as a further inducement to the Christians to revert to Hinduism, those who do so are being offered an acre of this land as a reward. In many ways such as this the Hindus have the whip hand, and there have been numerous conversions, of a very nominal order, to so-called Hinduism. But those who change in response to these threats are not the pillars of the Christian Church, and it may be that the Church is better and stronger without them.

I know of one village where it is said that 100 families, mostly Roman Catholics, have gone over to Hinduism. On the other hand, on the very day the Hindu Mission started work in a certain village in north Travancore, sixty people joined the local Jacobite Syrian Church. Depend upon it, this persecution (mild at present, but perhaps worse is to come) will not harm the Church of Christ. It will only do good in the long run, and bring out the better qualities in those Christians who have got a bit of character. Those who "rat" are mainly the ones to whom Jesus Christ meant very little, and possibly they were never real subjects of His Kingdom. The blood of the martyrs is ever the seed of the Church, and in many ways we may welcome the Hindu Mission as an excellent test of character for Indian Christians; we may almost in this sense consider them as colleagues, although they themselves would be very surprised to hear that we did so. After all, it is really a political

move, not a religious movement; and the true Church which is the Body of Christ is, and ever will be, unaffected in their allegiance to Him, though a hard time of testing is, I believe, in store for some of them. If Christianity had been preached aright in India, and not organised into a Church and a community based on Western ideas, there would have been no Hindu Mission, for the Hindus themselves would have been rejoicing in their companionship with Servants of Christ, instead of bickering with a Christo-political community for temporal power and influence, as is the unfortunate state of things at present.

CHAPTER XXV

THE CHURCH

THIS chapter will to some people seem unwise; some it may make angry. Others will accuse me of cynicism or may even suggest that it is unworthy of a missionary. But it was written with much thought, and as the outcome of a deep conviction that in the Church has resided the main cause of the failure of Christ to bring in His Kingdom, and the failure of missionaries to attract men and women to their Master. Destructive criticism is very easy. Anyone can make smart and cynical remarks, such as "the Church is the body of Christ, having rejected His soul." Rather cleverer people can, like Paul Richard,[1] say with truth, "At the door of the Christian churches, as at the door of the empty sepulchre, an angel still stands saying, 'He is not here. Why seek ye the living among the dead?' " But destruction is useless except as a preliminary to rebuilding; for the latter I have endeavoured to suggest a few principles and plans, though it is very difficult to visualise exactly what ought to be. Here, then, is a page from my diary to start with, representing what might be called a considered musing on the subject of the Church which we missionaries have established in India.

"July 17. I am ill—not very ill—and to-day is Sunday. Although it was not really necessary, my wife, as my family physician, persuaded me to stay in bed

[1] *The Scourge of Christ*, Cambridge Press, Madras (Rs.3), p. 175.

for breakfast, and church to-day is not being graced by my personal presence. One is led to think a bit about the Church we missionaries have established in this country. It is so very different from the Church it might have been. For one thing, it is far too similar to the Churches at home. We forgot that India is not Britain; the Oriental point of view is so emphatically not the Western angle of vision, and a Church in a non-Christian country is inevitably in such a totally different position from that of the Church in Britain. There it has to compete with irreligion or nonchalance or other denominations, but not with militant and fanatical religions in which Christ has no part or is actually hated. There it has the nominal support of the State and the friendliness, if not actual membership, of officials. Here in Travancore the State is anti-Christian, supports a 'mission' which is designed to overthrow the Christian Church, and gives to Christians only just enough Government appointments to keep them quiet. This fundamental difference in the position of the Church means, to put it broadly, that whereas in England most of us are nominally Christian, but the keener ones go to church, in India most of us are anti-Christian and the church becomes the meeting-house of all Christians keen or nominal, the rallying-place of the Christian caste. Some of the most evil men in this village, if they happen to have been born into a 'Christian' family, attend church regularly every Sunday. With Hinduism and Islam ranged against Christianity and lying in wait, as it were, the Christian is driven by his own herd-instinct to attend the church and there feel that he has hundreds of others on his side.

"Our village church, a large building in a small country town, is full to overflowing every Sunday morning, and in it many hundreds gather together and sing, to the lovely tunes of the Tamil country, praises

to God. They also sing doggerel Tamil verses translated from English or German hymns, and made to rhyme (Tamil poetry never rhymes at the end of the line, as ours does). These hymns are sung to European tunes, at which the Indian people make better attempts, probably, than we should make at their variety of music; but what a mistake it was ever to have taught a musical people, with beautiful melodies of their own, to praise God in the clap-trap and tawdry tunes of Sankey, and the totally un-Indian and turgid sentimentalisations of J. B. Dykes. Anyway, there it is, there they are singing away "Glory for me," that typical rhapsody of the selfish soul, to the cheap-American tune we know so well. A moment ago a really beautiful Indian lyric was being sung to words which were both Christian and Indian reflecting the genius and the heart both of India and of Christ. What a hotch-potch it is! There on the front bench—though I can't see them, I know they will be there to-day—are the would-be important people. One or two of them wealthy—perhaps at the expense of some of their fellow-Christians on the back benches. One or two of them are powerful in the village through having the means to bluster or to blackmail, and sitting in front in order to show their power, and perhaps to get elected as the church's representatives to the Council next September, if they can play their cards properly and do the right amount of canvassing and threatening. In the pulpit is the pastor, an excellent little fellow with a heart of gold, perpetually thwarted in his plans for the betterment of the Church or the spiritual welfare of his people by these same men in the front pew. We are lucky to have a good man as our pastor; such is by no means always the case. But I often feel very sorry for him; the makers of trouble are continually trying to put him into a position from which he cannot escape without breaking a rule or doing something

technically wrong; they seem to love this particularly Oriental method of showing their power.

"In the middle of the church—men one side, women the other—are the decent ordinary people. Many of them are among my best friends. Some of them are doctors or nurses at the hospital. Some are clerks on tea estates, some are in humbler service. Among these ordinary folk are the true Church, I believe; the real friends of Christ, who have no use for these quarrels or committees or organisations, who lead something more than a merely decent or respectable life, who try sincerely to reflect a little of the radiance and love of their Master.

"At the back are the late-comers, and the humble folk who sit there because they aspire to no position and desire no recognition. A mixed lot, these. Some of the riff-raff of the village may be here; but among those who don't aspire to anything but the lowest place are those who most truly resemble the Head of the whole Church who came not to be ministered unto but to minister. There is a lot of good solid stuff, a store of kindness and good fellowship, a treasure-house of sterling character, among the rough diamonds and the quiet, humble folk at the back of the church. Such briefly is our village conventicle. But what of the Church in its larger aspect—the South India United Church as it is called? Would it were united to include a wider circle of denominations; at present it includes but two or three, and at least a beginning has been made. But religious people don't like to unite with other Churches except on the basis of 'the best way for them to unite with our Church is to join it.' So our much-vaunted South India United Church still fails to include Methodists, the Church of England, Baptists and others. In Travancore we see only what might be described as the Congregational arm of the 'united' Church. In this country where despotism has

been the tradition for thousands of years and where only very few people understand the rudiments of any other form of Government, the Western missionaries (with that lack of imagination which is responsible for their hymn tunes being imported into India, and which makes them wear coats and trousers) have set themselves the task of reproducing in India the democratic system of the Congregational Church of Great Britain.

"In a country of people who, while being possessed of great charm and of many sterling qualities, are nevertheless known to ethnologists as one of the most quarrelsome of the world, the democratic forms of government lend themselves to intrigue, canvassing, family feuds and similar abuses. Consequently, the democratic Church finds itself forced into setting up an elaborate system of organisation, supported by a code of complicated rules which have been designed to anticipate any possible difficulty. In this way the young and inexperienced Church is saddled with a burden which retards its progress, and at times threatens to stifle and strangle its very life away. Surely for this people a despotic form of Church government is desirable.

"Why shouldn't they have a bishop, be organised like the Church of England, and unite with the Anglican Christians in the organisation of the Church? I cannot see any possible objections to this. The 'independent' Church has a great heritage, and the idea of spiritual independence is a noble one; but while in Britain it has an historical basis, in India it means little or nothing; it is but a religion of the schism of the West. I look for the day when the Church in India will send missionaries to Europe, to take there the gospel of Christ who prayed 'they may be one.' But I really don't know whether that Church in India will rise, phœnix-like, from the denominational

Churches we have here now, or whether these Churches will first have to disappear. The Church has been defined as 'the Body of Christ.' It has also been defined as 'the mess men have made of Christ's teaching.' I sometimes think that the organised Church will have to go, before the followers of Jesus can really live the life which He came to help them to live. On the other hand, the organised Church, with all its faults, does provide a place where the message of God can be heard Sunday by Sunday—the message which will not return to Him void, but which shall accomplish what He pleases. But its reform will be a slow business, and it may be that a time of testing and persecution is needed to bring that simplicity and unity which are dear to the heart of the Founder of our religion and which I believe are essential if the Church is to continue to exist. Thy Kingdom come, O God, Thy rule O Christ, begin. What boundless opportunities there are for the dedicated soul who says 'Here am I; send me.' "

The foregoing extract from my diary may seem tinged with cynicism, but when one feels as strongly as I do that the Church as Westerners have implanted it here is a ghastly mistake, and a terrible handicap to real Christianity, it is hard not to be cynical. This, mind you, is not the individual view of a rather independent missionary who does not himself happen to be a parson, but the fixed conviction of many of the leaders of Indian Christian thought at the present time. Here are some thoughts taken from the latest publication by leaders of the South Indian Church, written for the World Missionary Conference at Madras in 1938.[1] I have their kind permission to make quotations from this book:

"The local Church does not call forth that warm

[1] *Rethinking Christianity in India.* Published in Madras.

loyalty and enthusiastic devotion from every Christian in the place, most of whom think they have done their duty by it when they have paid a small contribution" (p. 15). "The activities of the Church do not seem to touch the personal problems of its members, economic, moral or spiritual."

"We have Churches, but we have yet to see an Indian Church, which will enshrine and visibly symbolise the transcendent spirit of the Son of Man in the rich legacy of the Indian religious consciousness" (p. 16).

So much for the Indian Church, but these courageous thinkers of modern India go further, and attack the Church as a whole, and who will say the attack is not amply justified?

"The Church was wholly unprepared for the sudden and phenomenal expansion of men's thoughts and ambitions which came with the progress of exploration and scientific invention. When Mammon stood beckoning to Europe, and she, seeing his yellow glittering face, forgot that Mammon was always the Mammon of unrighteousness, and that it could not serve him and God at the same time, the Church did not dream that there could be any real antagonism between commerce and Christianity. Instead of Christianising commerce, it allowed Christianity to be commercialised. Succumbing to the wiles of the world spirit, the Church lost its enthusiasm for the Kingdom of God. The march of industrialism and the colonial expansion of Europe have left with us unsolved problems. Europe, and now Asia, are trying to tackle them by the wicked arbitrament of war or by devious diplomacy. Commercial rivalries and tariff barriers have accentuated the differences and engendered a militant narrow nationalism. This has invaded and overrun the Churches everywhere. Therefore, the voice trails off into a feeble and uncertain whisper, when they attempt to deliver

the prophetic message. In fact, they do not seem to have any clear and convincing message for the world."

From this extract we can see that India contains a body of Christian thinkers who are at least determined not to let the Church obscure their vision.

The calamitous fact is that doctrines, institutions, sacraments, priests and pastors, all join together under the name of the Church and take the place of Jesus, whom they in doctrine exalt as God. The Christian does not go to Jesus direct, but clings to the Church as the author of his salvation.

This applies more particularly to the Church in its Catholic idea, the Church without which salvation is said to be impossible, as, for instance, the Jacobite Syrian Church which we have in Travancore; but for all Churches it has elements of truth. The root of the matter lies in this—that Christianity as a religion is very little different from other religions; its supremacy lies in its first syllable. Christ is the One whom India will follow, and to whom we must direct ourselves and her.

"In one word, Christianity is a religion, and so is Hinduism, which seeks to achieve the redemption of the individual soul; but only Christianity is true and can do it, whereas Hinduism is false and fails to do it."

Yes, Christianity is true; that is why we missionaries have come out here; but we must see that *our* Christianity is true. The only way to do that is continually to refer it to Christ Himself. It is so easy to make our own Christ, which we call the "Christ of experience," and whom we make to fit in with the ideas of the Church. "There is yet another reason why the Church with all its claims cannot lead us to the Christ. It has its own Christ, altars and worship. Into these alone it can induct us. Hinduism has always realised this danger to the soul, and has advised the man of God to

come out of the ordinary organised religion if he wants to perfect his soul. There is a stage in spiritual development when the Church becomes an obstacle to our reaching Jesus." Three great Christian movements of to-day, the Oxford Group, the Student Christian Movement and the Society of Friends, are all outside the Churches, and all bear out this last point. But these three movements have hitherto appealed almost entirely to the intelligent and educated end of the community. For them, the Church may be in many ways an obstacle, and one feels that Christ is better realised without it. But in some ways, surely, the Church is helpful, at any rate in its Protestant significance of being a fellowship, a body of all believers and followers, and for the intellectually humbler folk is it not in some form or other indispensable?

We must get it out of our heads that Christ instituted the Church. As far as I can make out, He did nothing of the sort. He came to bring in the Kingdom of God —but He said nothing about the Church. That was developed later. The Apostolic age, in its earliest and most effective stages, seems to have been a very un-Churchy affair. Christ commissioned His disciples not to found a Church nor even to preach—for the moment.

"Wait in Jerusalem until you have the Power from on high" was His last message to them. "Do nothing—of yourselves. Wait until the Spirit, my spirit and God's, renders you capable of doing things." If Jesus had ever said an unkind thing, He might have gone on like this: "You forsook me in my time of arrest and trial. You are not yet fit for what God wants you to do. But you will become fit." That is the gist of His message to the few who were entrusted with the Kingdom. And how fit they became! Peter the denier, John the forsaker, obtained the "boldness" which made men "take knowledge that they had been with Jesus." Thousands came over from the formalism of

the Jewish religion to the fire of the Spirit-filled Apostles. Thousands were ready for martyrdom rather than to deny their new-found Lord.

Later, organisation crept in, and formalism, and the "Church" was started, which so soon, at the time of Constantine's conversion, was to become mundane and adopt the standards and ideals and organisation of the world, and which has been standing so often as a barrier between men and Christ ever since the fourth century. And we missionaries from the West have reproduced in India, in our puny-mindedness, the thing we had come to associate with our religion—the Church, in all its modern denominational outlook, an ineffective travesty of the Kingdom of God.

No, I feel strongly, with my Indian brothers whose book I have quoted, that we must get back somehow to the Kingdom as Christ preached it and as He intended it to be. If we of the West cannot do that, if our minds are too warped and cramped by our own religious and ecclesiastical associations, we can at least join with our Indian friends and try to help them make a new start. The start has got to be from Christ Himself and no other. People in England are avoiding the Churches nowadays, because they feel instinctively that the Churches have nothing to give them.[1] Hindus, too, from the same instinct avoid the Church and find it has no appeal to them. But Christ has the appeal. Christ has the power, and the personality, and if India can find what are His methods, and apply them to life, I foresee the time when India will be able to send missionaries to Europe, and help us and our descendants to establish the Kingdom in all its purity and power. In a medical mission we can be sure of one thing—

[1] Witness the apologetics which from time to time appear in *The Listener*, desperate attempts to justify the Church in the sight of those people who nowadays are forsaking it because they feel it is useless.

that we are doing Christ's own work. We must try also to make it certain that we are doing it in His way. Then we shall be able to rejoice at being pioneers of His Kingdom in the hearts of men. Ours is a great privilege and a great responsibility.

The final consideration which must be mentioned is the important point that the Church is so foreign to the genius of India that it is the Church itself, more than any other thing connected with Christianity, that keeps Hindus away from Christ. It is often said that Hindus find that their religion does not satisfy them, and come eventually to Christ, who does so. This is true in many cases, especially among those who think more deeply. But as a general statement it is nonsense. Many even of the deeply thinking Hindus are perfectly satisfied with their own religion. Mr. Chakkarai of Madras, himself a converted Hindu and one of the writers of the book already quoted so often, says so in so many words: "The present writer's own experience as a Hindu and his contacts with religious-minded Hindus are evidence that Hinduism satisfies its votaries. We must, therefore, candidly recognise the manifest fact that Hinduism does provide the spiritual nourishment that Hindus demand."

But Hinduism itself is changing. Concerned, like Christianity, for many years with the salvation of the soul—which, in the case of the Hindu, means escape from the cycle of births and deaths, known as *Samsara* —it is now becoming much more conscious of the application of religion to this life as well as to a life after death, and is concerned more and more with the salvation of the soul of the nation. This is to some extent mixed up with politics, as it includes the idea of salvation from foreign domination. But the question asked by many modern Hindus is not "Can religion save me?" but "Can our religion give us strength to fight life's evils, unity to stand together as a nation,

and national character that will give India an honourable place and influence in the world?" Nine out of ten of the more thoughtful and idealistic modern Hindus would tell you, if they were asked, that Hinduism, as interpreted by Mahatma Gandhi, can do these three things. But is that true? Is Gandhiji's religion Hinduism? I doubt it profoundly. It was Tolstoy's teaching which first inspired Gandhi to test *Ahimsa* (non-violence) in South Africa, and Tolstoy's teaching was the Sermon on the Mount; not a Hindu doctrine. Gandhi followed this up by a profound acknowledgment that *Ahimsa* requires strength of character and true courage, a Christian idea if ever there was one, supremely demonstrated by Jesus Himself. He went on to see the injustice of untouchability and to persuade Hindus, with the most bigoted and exclusive social system the world has known,[1] to admit untouchables to the temples themselves—a campaign which has met with some success in many parts of India, notably in Travancore. But is this essentially a Hindu doctrine? It is in direct antagonism to orthodox Hinduism, and, though claimed by Gandhiji as Vedic in origin, it is pretty obvious to most of us where he really got it. Gandhi was a regular reader of the New Testament, but has the misfortune to be a very keen Hindu—one might almost say a bigoted Hindu. I fear his claim that the three chief characteristics of his religion, just mentioned above, originated in Hinduism and are essentially Hindu simply does not tally with the facts.

In short, what is it we see happening in India to-day? It is the Hindu adoption of Christian maxims! It is the deliberate use of Christ's main teachings as the chief planks in the Hindu platform. Is it not very likely that if the story and the teachings of Christ had been proclaimed by missionaries to India in all their simplicity

[1] Except, of course, some of our modern theorists, whose stock-in-trade are Aryan, Nordic and Semitic blood.

and searching thoroughness, and without the handicap of Churches and denominations, India would have been prepared now to acknowledge these things as Christ's, and a tremendous accession to the Kingdom of God and of His Christ would have occurred? One can only speculate; but such is at least possible, and certain it is that the exclusiveness of some Churches and denominations have put Hindus who were very near the Kingdom right off the track of Christ and sent them away to feel that Christ is as exclusive as the most ardent Brahmin Sanatanist.[1] It is said by many that there are only two really strong candidates for the future of India's religious allegiance—secularism, rejecting God and all religion and substituting either nothing or a useless Humanism, and inclusive Christianity, owning devotion to Christ, but illuminating the soul also with rays of the revelations of God that shone through Buddha, Ramakrishna, Mohammad and Mrs. Besant. India hopes "not to reject or lose aught that has come from God, but to become the inheritors of the totality of God's grace." And if the Church did not surround the Light of the World with so much stained glass, India might before now have seen that He is the Way, the Truth and the Life, and that all the hopes and aspirations and flickering flames of the great sages of the world's religions can be taken and sanctified and made dazzling in their brilliance by the Light of the Dayspring from on High—and by no one else.

Can we make use of these considerations and get a constructive policy for the rebuilding of the Kingdom of God? The League of Nations, a tremendous thing on paper, failed because nations failed. Will the Church (or the Kingdom) always do the same thing, however we organise it, and fail because Christians fail? It may be so; but even if this be the case we ought to try to rearrange the Church in some way so as to give it the

[1] Extremely literal orthodox Hindu.

maximum facilities for leading people, both within and outside it, to the feet of Jesus. That is what the Church exists to do, and in a sense that is its only function.

It is at the feet of Jesus that we seek and find His love and friendship, that we ultimately experience His indwelling presence and power, that we make the great discovery that His love is God's love, and His spirit is God's spirit. It is there that we feel the stronger for corporate fellowship if we are made that way, or for His intimate fellowship if we are of a more solitary nature. It is there that we sense His power to overcome the world and the greatness and immanence of His Kingdom.

And when the Church, or any branch of it, or any denomination within it, fails to bring us to Christ, even the worldly-minded man realises that this Church is not fulfilling its true and useful function, and escapes by the simple expedient of avoiding Churches and going his own way. In the same way the would-be disciple searches around for some other means whereby to fulfil his desire for Christ, and joins a fellowship such as the Oxford Group or the Student Christian Movement. He who seeks for security in religious ideals that we in our fear have created, or through priests or spiritual guides, or in the power of tradition, is really exhibiting a refined form of egotism. And Jesus called us to sink the idea of "I," "mine," even the love of our own souls, and to lay all at His feet.

Now how can we best help each other to do that? The new Church—or Kingdom of Heaven, call it what you like—must be a means of getting its members to sacrifice themselves, to sink their egotism. Its prayers must be prayers of dedication. Its life must be a life of mutual encouragement and help in the bearing of the Cross, the search for what is to annihilate self.

Can we envisage a Church which will do that, and do it effectively, intensively and extensively, on a

world-wide scale? This new Church should, of course, be definitely Christian, but tolerant in its doctrine, seeking only the Living Christ and through Him the eternal God. Let the Church buildings remain. They are excellent and often beautiful and worthy meeting-places. But the Churches as we know them must unite in order to destroy their differences and in many cases to wipe out things that are very precious to them, in the quest for the Pearl of Great Price. The paid ministry, the hierarchy of the priesthood, the dean and chapter, and the elder and deacon and church council must go; among them may be many worthy people and true servants of God, but as organised entities I believe they stand between us and Christ. When all these are disposed of, we have our foundations on which to build the Kingdom.

We seem to have only the Church buildings, and the actual body of believers left. But we have also the chief Corner-stone, Jesus Himself; His teaching, His spirit, His influence, His ethic. Built on Him, the new Church as I envisage it must have the following characteristics:

It is a spiritual brotherhood, and should therefore be a true family. To some extent it should be communistic. There must be no destitute person, no beggar, no pauper in the brotherhood. Nor must there be any magnate nor any who is able through this world's resources to sway judgment or to use unfair influence among the brethren. If there be wealthy brothers, their money is consecrated, and their accounts should be open to scrutiny by any of the brethren. There must be no gossip, no backbiting, no "rejoicing in iniquity." Serious sin (or suspicion of it) on the part of a brother must be made the occasion for prayer, and the methods of love alone should be used to get him back upon the straight path. Jesus was always ready to believe the best about mankind.

Many people with whom I have talked about these

things have said to me, "You must have Church discipline. You must have a definite criterion of Church membership, and the machinery for enforcing it." I used to think so, but now I disagree. The discipline should be that of love and prayer. The criterion of membership of the brotherhood should be that of love to Christ and the resolve to love one's neighbour as oneself. The stronger characters may come to the front and the larger intellects may declare themselves; certain men and women may therefore come to be accepted by the brethren as natural leaders, and if these are real disciples they will not misuse their power. That such a thing is possible is shown to us in these modern days by the Society of Friends, who in many ways are the nearest approach we have to this ideal Church. To enter this society there is a probation period of two years. This is reasonable enough, but Jesus said to Andrew, "Follow me," and he found his own brother and followed—with the brother—at once. The probation period was a few minutes—and they were admitted into the Great Friendship.

Regarding the enforcement of discipline—Judas was disciplined by his own conscience—but until the moment when he "went out," Judas was loved unto the end, and treated at the Last Supper as an honoured and chief guest, by being chosen to dip with Jesus in the dish. Love and prayer rightly used should provide all the discipline Christians require.

As a sign they have joined the brotherhood, should there be some ceremony? Baptism is the obvious one to suggest, but it is difficult to prevent the reading of doctrine into baptism, and the admixture with it of a form of magic. Any more elaborate initiation, such as that of Freemasons to their brotherhood, is even more likely to be exploited or to be considered as mysterious or magical. In addition, baptism was used by Jesus Himself, and therefore let us stick to baptism. For

enrolment, if a book be kept in each church or place of worship, the signing of a statement, expressing the desire to join the brotherhood of those who wish to serve Jesus Christ and through Him attain to the knowledge of God, seems to me to be the ideal method of joining up with the believers. Perhaps it might be signed once every year, in order to give the Judases an opportunity of getting out of the family if they wish to do so.

In matters of doctrine, the family should be tolerant, the desire to follow Christ and to surrender to God being the great criterion. "If any man will do his will, he shall know of the doctrine." Daily reading of the Gospels either in public or in private should be undertaken. Other parts of the Bible, and of good books, may be read in the services of this new Church, but a portion of the Gospel must be read every day.

As for the extensive as opposed to the intensive side of this brotherhood, what should be its relation, say, to a Hindu or a Mohammedan who, while not yet a Christian, is desirous of learning more about Christ? He should, I feel, be admitted, as he is at present, to all meetings of the brotherhood in their places of worship. He should be befriended and enabled to feel that he would be welcomed as one of the family. And until he finds himself able to sign the statement, if he still worships in the Hindu temple or the mosque, no exception should be taken to this, and no unkind comments made. If the family is truly that of Christ, and if the family spirit is Christ's Spirit, the power of love will work, and the trappings of Oriental religions will take their proper place and eventually be found by the true disciples to be a hindrance to the realisation of Jesus.

As for finance, the upkeep of the Church buildings and the providing of jobs (wherever possible, jobs, not "charity") for the unemployed or impoverished will be found by the communistic organisation of funds.

The relationship of our brotherhood to ritual or priesthood in any particular branch of the family has to be considered. Among the best and most truly devoted Christians I know are many from the Anglo-Catholics and the ritualistic end of the Church. To a great many people, ritual is a real help to worship, and in our new tolerant brotherhood we must certainly allow those who really value such things to institute, in their branches of the family, such ritual as is not antagonistic to the teachings of our Master. The best safeguard against its misuse is the determination of all to live according to the teaching of Christ, and to find this teaching in the Gospels, rather than in the interpretations of subsequent writers.

"Oh, the world isn't ready for that sort of Church—too idealistic." Isn't it? Well, it wasn't in A.D. 33. But that didn't prevent the establishment of a family not unlike the one which I have envisaged above. Personally, I feel the world is asking, longing, travailing for just such a brotherhood, on a colossal scale. The creation[1] is earnestly waiting for the revelation of the sons of God. And in the Acts of the Apostles,[2] we can read a concise and suggestive account of how it was once done, with wonderful results. Can we not do the same again in the present age?

[1] Rom. viii. 19. [2] Acts iv. 32–7, v. 41–2, vi. 1–8, etc.

CHAPTER XXVI

THE HOUSE OF PRAYER

IN the centre of our Hospital compound in Neyyoor is the little building of chiselled stone, which is our Upper Room. Over its portal is the text in Tamil: "Thou O GOD art in the midst of us."

As we enter, leaving our shoes outside as is the Indian custom, we feel the polished black floor cool beneath our feet, and looking up we see a cross—the empty cross, symbol of Him who has risen and left it behind, but who calls upon us to take it up and follow Him. Above, on a transom of the roof, is carved in Malayalam, the official language of Travancore: "I am thy God which healeth thee."

Every Thursday the whole hospital staff unites here in a meeting for prayer, and the following is an account, written in an Australian newspaper, of one of our Staff prayer meetings. The writer was an Australian delegate to the great Missionary Conference at Madras in 1938 who visited Neyyoor on his way there: "We met in a beautiful chapel with a bare tiled floor, and no walls save the pillars that support the roof. A chapel built not after our Western fashion, but built to suit the climate and express the spirit of India. We sat cross-legged upon the floor for the singing of the opening hymn. Words and music were Tamil. We sat to hear the lesson read, and then we turned upon our knees upon the bare floor for prayer. Almost everyone of the twenty-odd nurses present prayed, and we did not need the services of an interpreter to reveal to us the fervour and sincerity of the

prayers. The Lord's Prayer, in which we joined our English with their Tamil, brought the meeting to a close."

Our hopes for the future lie in this little House of Prayer. As long as it is the real centre of our work, the work will be worth doing, and will be done well; and if our relationship to God and trust in Him be not the mainspring of our work, it will still be worth doing, but there are others who can do it just as well.

I went out to Travancore in response to the call of suffering, intending to relieve this and to supply what was, and still is, a real and clamant need. But I see now that the need is a deeper one than I used to think it; we can do far more than merely relieve pain, or save life, or restore sick folk to the families who need their help and their health. We have, I believe, a great responsibility towards India which is not merely the healing of disease, the successful performance of operations or the efficient training of the Indians themselves to carry on this work when we are gone. India is a country with every possibility of a tremendous future before her.

I had a dream last night which ended with a crowd watching a tennis match. All of a sudden, someone in the crowd pointed to an old and shrunken figure in the front row opposite. His body was covered with shrivelled yellow skin, giving the impression of intense age, though his face had a look of youth, a look of sadness, but of power and of hope, though itself shrivelled like the skin of the body.

"There is Jesus," said the man in the crowd. Personally I always picture Jesus as a young man, eternally and strikingly young; but it was not so in the dream, and I must therefore record what I saw in the dream rather than what I would naturally imagine in my waking moments. "Yes," said the shrunken figure. "This is the body which was crucified for you nineteen

hundred years ago." As we looked at this strange figure, a great sadness came over me. There was a battered, scarred body, old and haggard, yet fresh from the scourging and the cross; there was above it a kindly face, but a face of infinite reproach, infinite grief at the doings of the world, yet hope and youthful promise for the future, if only . . .

The vision fled, and I awoke. But still I saw the suffering figure and His look of disappointment, His body speaking of long ages of cruelty, His face alight with whimsical hope and love mingled with all the suffering and sadness. All the centuries before and after the coming of that Personality, man has gradually been stamping out the weird, the sinister, the imagined power of evil, the frightening spirits of slavery, torture, oppression. Probably for the first time in the history of the world we find ourselves now in a great community where the diabolical engines of Mediæval torture would be absurd, where devils and spooks and the host of imagined terrors that have haunted mankind throughout his history are at last realised to be powerless creations of our own imagination. Slavery has now practically been stamped out. All the really terrible things that man used to do to man, the misery-producing things, the things of evil power from which there is no appeal; all these might now become out-of-date and in civilised communities impossible. Man has at last, and possibly for the first time in his existence, the opportunity of creating a world founded on truth, beauty, goodness and love, where the sinister things need never hold sway. And what is he doing with his opportunity? What is he making of this chance to which all the cosmos has been working up, that his countless predecessors in the world's history have now laid at his feet, for the salvation of all who come after from the things of Hell?

He is building engines of destruction more fearsome

THE HOUSE OF PRAYER, NEYYOOR

Two patients have come to the door of th
House of Prayer, where anyone can come day c
night and put their troubles into the care of Goc

than any Mediæval torture-chamber. He is inventing forms of government in which slavery, oppression, remorselessness have their place as surely as in any city of the Dark Ages. He is heading for making this world the scene of a holocaust which will put all the worst imaginings of the worst men to shame. Yet he could if he liked bring in the Kingdom of God, the brotherhood of men and of nations, the glory of mutual respect and mutual tolerance, and the reign of love. Yes, at present it seems that the Western nations are destroying themselves, and before many years are out they may have completed this awful work fairly thoroughly. If they do, the Eastern countries will come into their heritage and become the leaders of the world of the future. And among them all, India is the most likely to be a real leader. Japan is at China's throat, rapidly disqualifying herself and her neighbour to lead the nations of the East; India is now becoming a nation instead of a mixed bag of conflicting nationalities; and it is quite likely that within a comparatively short time India will be in the position of real world-leadership. Whither is that leadership going to guide the world? Is the India of caste and superstition, of intrigue and magic, going to lead the nations into a morass of Mediævalism? Or is contact with the materialistic civilisations going to take the heart out of India and render her able only to repeat the mistakes that Western nations have made, and to bestride Asia with selfish interests and material aims, just as the Western nations have done to the world of recent history?

There is a third alternative, and its possibility places a grave responsibility on all who prize the eternal values, and on all who know that the supreme law of life is love backed up by righteousness, peace, justice and mercy. India with its spiritual heritage, its genius for seeking the eternal, its religious past, has a great

chance now. India can become the greatest nation in the world's history, and can do this only by the use of the greatest power in the world—the power of love as interpreted by Christ and proved possible by thousands of devoted souls during the long and variegated history of Christendom. God can make a tremendous thing of the spiritual side of India, but He can only do it, I believe, through Christ.

India wants to know Christ. Many enlightened Hindus nowadays make no secret of their devotion to Him, and a large number of "secret believers" exist within the Hindu fold, some of whom are personally known to me, and who, though bowing in the house of Rimmon, have definitely given not merely their admiration but their allegiance to Christ.

But India wants to know Him without the intermediation of a system. India's people must have their mind, their faith, their love directed to Him who is above dogma and system and institution. How can we do that better than by adopting the method that the Master himself employed? How can we introduce hungering humanity to the love of God better than by loving them in His name? How can we show the reality of His love more forcibly than by healing and helping and restoring to strength any who are laid aside by disease or accident? Christ chose this method Himself because it was the best and the most telling, especially in a short ministry like His. Our time in India may not be very long; and surely His method is the best that we, too, can adopt? Our task, then, is the twofold one, as has been mentioned again and again in these pages, of practical service, and loving relationship, remembering all the time whose we are and whom we serve, and making it plain by the spoken word, the personal conversation, and the obvious adoption of our Master's standards.

We missionaries are surrounded by people who watch

all we do, and take notice. I came across a sad instance the other day of a missionary who by one lapse had ruined the influence of a life's work. A man said to me, "Sir, we want a new missionary at ——." "What for?" I replied. "You have got —— there." "No good" is all he said in answer. I knew that the missionary in question was keen on the work and liked the people, and was surprised to hear this from a man of good character, who I knew was involved in no quarrel or grievance against the missionary or his society. So I asked, "Why do you say 'No good'?" The devastating reply was: "He is always kind if you talk to him, but at time of drought when people all around were half starving for lack of water they asked him for permission to draw water from his bungalow well. He refused. It is no good to have a person like that talking to us about Jesus Christ." Our service must be a whole-time affair. It is what we *are* that counts, not what we say, and not always even what we do. Oh, how difficult it is to *be*! Talking is easy.

I remember once at a meeting I said, while describing our medical mission work, "We have got to *do* things all day long. Any old devil can get up in a pulpit and preach, but it is much harder . . ." The sentence was never finished. My chairman, as I had rudely forgotten, was the pastor of the church whose work was not unconnected with the pulpit! Fortunately, he was a good sportsman and roared with laughter, so did the audience; the sentence was unfinished, but the situation was saved. Yes, talking is easy; even *doing* is comparatively so; but it is possible to be so continually engaged in doing even God's work that we have not enough time to *be* —to be His constant friends and companions, constantly at His service, constantly surrendered to Him, constantly honest with Him and with the world. Yet it is what we *are* that really counts in a job like that of a medical missionary.

Untrammelled by organisation or denomination, ours should be the work of practical service, dependent on the simple doctrine that we know that "this is Life eternal, to know God and Jesus Christ whom He has sent."

The day will come when that Life will be India's, and she in her turn, with her great spiritual heritage, will take Christ to herself and make Him her own. East and West, now so often apart and aloof, will meet in the true brotherhood of nations, and the Kingdom will come.

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